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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21598** (0)

1. Corporation Name

KIWANIS CLUB OF SOUTH MIAMI, INC.

Principal Place of Business

Mailing Address

PO BOX 431975
SOUTH MIAMI FL 33143

PO BOX 431975
SOUTH MIAMI FL 33143

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

07/16/1987

4. FEI Number

65-0244250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fes Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEMERT, M.H. PAUL
6895 S.W. 99TH TERRACE
MIAMI FL 33156

81 Name

JAMES B GWIN

82 Street Address (P.O. Box Number is Not Acceptable)

6471 SW 21 STREET

83

84 City

MIAMI

FL

85 Zip Code

33155

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

James B Gwin
Signature, typed or printed name of registered agent, and title if applicable.

JAMES B GWIN
(NOTE: Registered Agent signature required when reinstating)

1/15/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CADMAN, GEORGE IV	1.2 NAME	CHRISTINE MCCARTHY
STREET ADDRESS	9768 S.W. 106 TERRACE	1.3 STREET ADDRESS	4728 S.W. 67 AV. APT J-3
CITY-ST-ZIP	MAIMI FL 33176	1.4 CITY-ST-ZIP	MIAMI, FL 33155-5822
TITLE	PED	2.1 TITLE	PED
NAME	KOLACINSKI, JOSEPH	2.2 NAME	CHARLES D. ROMINE
STREET ADDRESS	MATH DEPT. UNIV. OF MIAMI	2.3 STREET ADDRESS	8425 SW 158 STREET
CITY-ST-ZIP	CORAL GABLES FL 33124	2.4 CITY-ST-ZIP	MIAMI, FL 33157-2178
TITLE	VD	3.1 TITLE	VD
NAME	NEUMANN, MIKE	3.2 NAME	BRUCE GOESER
STREET ADDRESS	8701 S.W. 144 STREET	3.3 STREET ADDRESS	7831 S.W. 56 ST APT. 102-B
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	MIAMI, FL 33155-4256
TITLE	VP	4.1 TITLE	TD
NAME	PERCIVAL, LAWRENCE	4.2 NAME	EUGENE REES
STREET ADDRESS	11945 SW 127TH CT	4.3 STREET ADDRESS	7600 RED ROAD #211
CITY-ST-ZIP	MIAMI FL 33186-4560	4.4 CITY-ST-ZIP	MIAMI, FL 33143-5432
TITLE	ST	5.1 TITLE	SD
NAME	GREGORY, RICHARD	5.2 NAME	JAMES B. GWIN
STREET ADDRESS	8101 S.W. 72 AVE. #419 W.	5.3 STREET ADDRESS	6471 SW 21 STREET
CITY-ST-ZIP	MIAMI FL 33143	5.4 CITY-ST-ZIP	MIAMI, FL 33155-1940
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
Signature of Secretary of State

1/15/98 305/261-5216

CR2E037 (10/97)