

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90016 044 ****61.25

DOCUMENT # N21598

1. Corporation Name

KIWANIS CLUB OF SOUTH MIAMI, INC.

Principal Place of Business

PO BOX 431975
SOUTH MIAMI FL 33143

Mailing Address

PO BOX 431975
SOUTH MIAMI FL 33143



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GWIN, JAMES B
6471 SW 21 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

EUGENE W Rees

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

7600 Red Road #211

83

84 City

Miami

FL

85 Zip Code
33143

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

Eugene W Rees

EUGENE W REES

4/25/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ~~DELETED~~
NAME B. Goese, Bruce
STREET ADDRESS 7821 SW 56 ST Apt 108-B
CITY-ST-ZIP MIAMI, FL 33155

TITLE PED ~~DELETED~~
NAME ROMINE, CHARLES D
STREET ADDRESS 6426 SW 155 ST
CITY-ST-ZIP MIAMI FL 33157

TITLE VD ~~DELETED~~
NAME GOESER, BRUCE
STREET ADDRESS 7821 SW 56 ST Apt 108-B
CITY-ST-ZIP MIAMI FL 33155

TITLE TD
NAME REES, EUGENE
STREET ADDRESS 7600 RED ROAD #211
CITY-ST-ZIP MIAMI FL 33143

TITLE SD ~~DELETED~~
NAME GWIN, JAMES B
STREET ADDRESS 6471 SW 21 ST
CITY-ST-ZIP MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. Director ☒ Change ☐ Addition
1.2 NAME Goese, Bruce
1.3 STREET ADDRESS 7821 SW 56 ST Apt 108-B
1.4 CITY-ST-ZIP MIAMI, FL 33155

2.1 TITLE Pres. Elec. Director ☒ Change ☒ Addition
2.2 NAME HARRISON, Ed.
2.3 STREET ADDRESS 11403 SW 87 TERR
2.4 CITY-ST-ZIP MIAMI, FL 33173

3.1 TITLE Vice Pres. Director ☒ Change ☒ Addition
3.2 NAME DONALDSON, PASCHA
3.3 STREET ADDRESS 6001 SW 85th AVE.
3.4 CITY-ST-ZIP MIAMI, FL 33143

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Secy, Director ☒ Change ☒ Addition
5.2 NAME KOLACINSKI, JOSEPH
5.3 STREET ADDRESS P.O. Box 24-8805
5.4 CITY-ST-ZIP CORAL GABLES, FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Eugene W Rees REQUIRED

Signature typed or printed name of signing officer or director

4/25/99

Date

305-662-1030

Daytime Phone #

CR2E037 (11/98)