

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90465 045 ****61.25

DOCUMENT # N46887 1. Entity Name KIWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.			
Principal Place of Business 16748 SW 16TH ST PEMBROKE PINES, FL 33027 US		Mailing Address 16748 SW 16TH ST PEMBROKE PINES, FL 33027 US	
2. Principal Place of Business 8374 PINES BLVD.		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State	
Zip 33026		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRYSTY, TED 16748 SW 16TH ST PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name EDWARD DOBIN Street Address (P.O. Box Number is Not Acceptable) 8374 PINES BOULEVARD City PEMBROKE PINES FL Zip Code 33026	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(PAST) PRESIDENT. 5/4/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME KRYSTY, TED STREET ADDRESS 16748 SW 16TH ST CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE PD NAME EDWARD DOBIN STREET ADDRESS 8374 PINES BLVD. CITY-ST-ZIP PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME ROTH, DONNA STREET ADDRESS P.O. BOX 823497 CITY-ST-ZIP PEMBROKE PINES, FL 33082	<input checked="" type="checkbox"/> Delete	TITLE S NAME TED KRYSTY STREET ADDRESS 16748 SW 16TH ST CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME GOOD, THOMAS STREET ADDRESS 9521 SW 6 E ST CITY-ST-ZIP PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE TD NAME WILLIAM A. ROBERTSON STREET ADDRESS 8915 MIRAMAR PARKWAY CITY-ST-ZIP MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME COHEN, CRANE STREET ADDRESS 15528 SW 1ST ST CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Ted Krasty, Secretary		5/4/04 454-704-5181 <small>Signature and typed or printed name of signing officer or director</small>	