

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 20, 2009**  
**Secretary of State**

DOCUMENT# N46887

**Entity Name:** KIWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.**Current Principal Place of Business:**7840 NW 30TH STREET  
DAVIE, FL 33024 US**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 821822  
SOUTH FLORIDA, FL 33082 US**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LOCKHART, DAVID  
7840 NW 30TH STREET  
DAVIE, FL 33024 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANTELICES, BRYCE  
Address: 565 SW 180TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S ( ) Delete  
Name: MINER, JOANNE  
Address: 12004 MIRAMAR PKWY  
City-St-Zip: MIRAMAR, FL 33025

Title: T ( ) Delete  
Name: KIDANE, OONA  
Address: 3064 NORTH COMMERCE PKWY  
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Delete  
Name: LOCKHART, DAVID  
Address: 7840 NW 30TH STREET  
City-St-Zip: DAVIE, FL 33024 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LOCKHART, DAVID  
Address: 7840 NW 30TH STREET  
City-St-Zip: DAVIE, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LAZAR, JOHN  
Address: 2801 SW 160 AVE  
City-St-Zip: MIRAMAR, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. LOCKHART

PD

10/20/2009

Electronic Signature of Signing Officer or Director

Date