

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90031 019 ****61.25

DOCUMENT # N46887

1. Entity Name
KIWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.



Principal Place of Business
**10454 TAFT ST
PEMBROKE PINES FL 33024
US**

Mailing Address
**P.O. BOX 821822
PEMBROKE PINES FL 33082-1822
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
10748 SW 16th St

3. Mailing Address
AS ABOVE.

City, & State
Pembroke Pines, Florida

City & State
AS ABOVE.

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PUTMAN, BILL
10454 TAFT ST
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent
Name **TED KRISTY**
Street Address (P.O. Box Number is Not Acceptable)
10748 SW 16th Street
City **Pembroke Pines** FL Zip Code **33027**

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 *[Signature]* DATE **1/13/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD KRISTY, TED 3700 LAKESIDE DR MIRAMAR FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROOTH, DONNA P.O. BOX 823497 PEMBROKE PINES FL 33082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MINER, JOANNE 12004 MIRAMAR PKWY MIRAMAR FL 33025 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. COHEN, CRAIG 16221 SW 15th St PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRES. KRISTY, TED 10748 SW 16th St PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER COHEN, CRAIG 16221 SW 15th Street Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary GOOD, THOMAS 4121 SW 16th St Pembroke Pines, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 another like empowered.

SIGNATURE: **SIGNATURE** *[Signature]* DATE **1/13/03** **954.704.5181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)