FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 APR 11 PM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47268 (0)

1. Corporation Name
KENDALL
KIWANIS CLUB OF SOUTHWEST MIAMI, INC.

Principal Place of Business	Mailing Address
6471 S.W. 21 STREET MIAMI FL 33155	6471 S.W. 21 STREET MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 04/12/1994
4. FEI Number: 65-0315701 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

GWIN, JAMES B.
6471 S.W. 21 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D PATRICK H. BRICKMAN ☐ Change ☒ Addition
NAME	SAYLES, PHYLLIS	1.2 NAME	
STREET ADDRESS	815 NW 7TH STREET	1.3 STREET ADDRESS	16511 S.W. 78 AVE.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	P	2.1 TITLE	☐ Change ☒ Addition
NAME	JENKINS, EARLE E	2.2 NAME	D GEORGE M. KOONCE, JR
STREET ADDRESS	3014 NW 7TH STREET	2.3 STREET ADDRESS	14651 S.W. 94 AV.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	SAYLES, GAYLORD B	3.2 NAME	D R. DAVID RICE
STREET ADDRESS	815 NW 7TH STREET	3.3 STREET ADDRESS	10521 NO. KENDALL DRIVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	GWIN, JAMES	4.2 NAME	S GWIN, JAMES B.
STREET ADDRESS	6819 BARQUERA STREET	4.3 STREET ADDRESS	6471 SW 21 STREET
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	MIAMI, FL 33155-1940
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	ASHMORE, O.J.	5.2 NAME	D NOEMI B. LEONARD
STREET ADDRESS	4850 SW 93RD CT.	5.3 STREET ADDRESS	11700 NO. KENDALL DRIVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	33186
TITLE	D	6.1 TITLE	VP ☒ Change ☐ Addition
NAME	HARRISON, PATRICIA R	6.2 NAME	HARRISON, PATRICIA
STREET ADDRESS	5842 COMMERCE LANE	6.3 STREET ADDRESS	5842 COMMERCE LANE
CITY-ST-ZIP	SO MIAMI FL *DECEASED BY 4/11/95	6.4 CITY-ST-ZIP	SO, MIAMI, FL SCC 4-11-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 1-7-95 (305) 261-5217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043101