

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N47268** (0)  
1. Corporation Name  
**THE KIWANIS CLUB OF KENDALL/SOUTHWEST MIAMI, INC.**



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

Mailing Address  
**6471 S.W. 21 STREET  
MIAMI FL 33155**

3. Date Incorporated or Qualified  
**02/10/1992**

3a. Date of Last Report  
**04/11/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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  
85 Zip Code  
**FL**

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  
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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRICKMAN, PATRICK H</b>	
STREET ADDRESS	<b>16511 S.W. 78 AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOONCE, JR., GEORGE M</b>	
STREET ADDRESS	<b>14651 S.W. 94 AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICE, DAVID R</b>	
STREET ADDRESS	<b>10521 N. KENDALL DRIVE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GWIN, JAMES B</b>	
STREET ADDRESS	<b>6471 SW 21ST. STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL 33155-1940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEONARD, NOEMI B</b>	
STREET ADDRESS	<b>11700 N. KENDALL DRIVE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRISON, PATRICIA R</b>	
STREET ADDRESS	<b>5842 COMMERCE LANE</b>	
CITY - ST - ZIP	<b>S. MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BARBARA JENNINGS</b>	
1.3 STREET ADDRESS	<b>10545 SOUTH DIXIE HWY</b>	
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33156</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RICHARD B. SOLOMON</b>	
2.3 STREET ADDRESS	<b>3725 AVIATION AVE. # 501</b>	
2.4 CITY - ST - ZIP	<b>MIAMI, FL 33133</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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: **JAMES B GWIN** **6/10/96** **(305) 261-5216**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)