2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2004 8:00 am Secretary of State **DOCUMENT # 715906** 1. Entity Name 02-11-2004 90002 003 ****61.25 ROTARY FOUNDATION OF MIAMI, FLORIDA, INC. Principal Place of Business Mailing Address 269 GIRALDA AVE STE 302 269 GIRALDA AVE **STE 302** MIAMI FL 33134 **MIAMI FL 33134** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FFI Number 23-7091199 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, NANCY C Street Address (P.O. Box Number is Not Acceptable) 269 GIRALDA AVE 302 **CORAL GABLES FL 33134** City Zip Code 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 DATE 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Robert W. Decker ELDREDGE, W. THEODORE NAME 1223 NE QQ STREET 172 NE 15 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33132 MIAMI SHORES FL 33138 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE DAVIS, RICHARD NAME NAME 5531 RIVIERA DR STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE ARNOLD-GALPERINE DE QUEVEDO, CARLO R NAME NAME 5840 SWIIG STREET 1421 CORDOVA ST STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP FL 33156 ☐ Delete TITLE ے Change ☐ Addition TITLE FREED, OWEN NAME 550 PUERTA AVE STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33143 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition GOLDEN, RANDY Golden, Randy 5015 London Walk NAME NAME 4220 PALM LANE STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 ☐ Addition TITLE TITLE ☐ Delete WIGGINS, JAMES NAME NAME 14500 SW 84 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33158 CiTY-ST-7IP CITY-ST-ZIP

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 eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

LAMES WIGGINS

FILED