

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90059 005 ****61.25

DOCUMENT # 715906

1. Entity Name
ROTARY FOUNDATION OF MIAMI, FLORIDA, INC.



Principal Place of Business
269 GIRALDA AVE
STE 302
MIAMI, FL 33134 US

Mailing Address
269 GIRALDA AVE
STE 302
MIAMI, FL 33134 US

00005247



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7091199

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, NANCY C
269 GIRALDA AVE 302
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME DECKER, ROBERT W
STREET ADDRESS 1223 NE 99 ST.
CITY-ST-ZIP GRANDIN, FL 32138

TITLE D ☐ Change ☒ Addition
NAME JAIR DE ALMEIDA
STREET ADDRESS 9737 NW 41 ST. #490
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ Delete
NAME DAVIS, RICHARD
STREET ADDRESS 5531 RIVIERA DR
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GALPERIN, ARNOLD
STREET ADDRESS 5840 SW 116 ST.
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FREED, OWEN
STREET ADDRESS 550 PUERTA AVE
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOLDEN, RANDY
STREET ADDRESS 5015 LONDON WALK
CITY-ST-ZIP MIAMI, FL 33138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WIGGINS, JAMES
STREET ADDRESS 14500 SW 84 AVE
CITY-ST-ZIP MIAMI, FL 33158

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES WIGGINS, TREASURER

1/18/05

Date

305.443.5787

Daytime Phone #