

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008058

FILED
Jan 16, 2009
Secretary of State

Entity Name: HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

166 HIALEHA DR
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

P O BOX 111635
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-1065383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YERMACK, JOHN
1655 W 39TH PL
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, POLLY
Address: 7655 NW 50TH STREET
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: SENITA, GAIL
Address: 7930 SW 15TH ST
City-St-Zip: MIAMI, FL 33144

Title: T () Delete
Name: BOWEIN, SHERRYL
Address: 288 POCATELLA ST
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: P () Delete
Name: CAMPOS, EDGAR
Address: 12900 SW 100 AVE
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: PALMER, MAJORIE
Address: 141 PALMETTO DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GARTON, SYDNEY
Address: 464 MINOLA DR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PALMER, MARGIE
Address: 449 SWALLOW DRIVE UNIT6
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP (X) Change () Addition
Name: SPANGENBERT, JENS
Address: 1131 QUAIL AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRYL B BOWEIN

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date