

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008648

FILED
Apr 30, 2007
Secretary of State

Entity Name: ROTARY CLUB OF COCONUT GROVE, FLORIDA, INC.

Current Principal Place of Business:

901 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 04-3722999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, ROBERT J
901 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES, FL 33134 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: PD () Delete
Name: EVERINGHAM, PHIL
Address: 2602 SAN DOMINGO ST
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: BLACK, ROBERT J
Address: 901 PONCE DE LEON BLVD, PENTHOUSE SUITE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: CASTRO, GUILLERMO
Address: 6711 SW 138TH STREET
City-St-Zip: MIAMI, FL 33158

Title: TD () Delete
Name: COHEN, DEREK
Address: 4461 POST AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: ARCH, STEVEN
Address: 5821 SW 85 STREET
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: LONES, CHRIS
Address: 7934 SW 199 TERRACE
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ROBERT J. BLACK

VP

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date