

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
Secretary of State**

DOCUMENT# N07000006750

Entity Name: MIRAMAR-PINES ROTARY CLUB, INC.

Current Principal Place of Business:

1601 PALM AVE.
SUITE 301A
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

2114 N. FLAMINGO RD.
BOX 163
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-0495405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURCHEN, SKIP
1601 PALM AVE.
SUITE 301A
PEMBROKE PINES, FL 33026 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: P () Delete
Name: WOLLASTON, GREGORY
Address: 16293 NW 17 ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: ALEXANDER, ANDREW
Address: 13000 SW 16 CT.
City-St-Zip: DAVIE, FL 33325

Title: T () Delete
Name: BELL, ROBERT
Address: 5011 SW 164 TERR.
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: T () Delete
Name: TURCHEN, SKIP
Address: 1601 PALM AVE., SUITE 301A
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Delete
Name: CORREDOR, LIGIA
Address: 16417 SAPHIRE BEND
City-St-Zip: WESTON, FL 33331

Title: S () Delete
Name: SELDINE, BILL
Address: 12076 NW 11 ST.
City-St-Zip: PEMBROKE PINES, FL 33026

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: SKIP TURCHEN

Electronic Signature of Signing Officer or Director

T

04/24/2008

Date