FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41501 (0)

1. Corporation Name
ROTARY CLUB OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
% CHARLES ROWE 1310 N KROME AVE HOMESTEAD FL 33030-4207	% CHARLES ROWE 1310 N KROME AVE HOMESTEAD FL 33030-4207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1990
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-6155191 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROWE, CHARLES
1310 N KROME AVE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	S	☑ Change ☐ Addition
NAME	LYNN, SANDRA	1.2 NAME	Lynn, Sandra	
STREET ADDRESS	830 NORTH KROME AVENUE	1.3 STREET ADDRESS	830 North Krome Ave	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	THOMAS, DAVID	2.2 NAME	Mullray, Richard	
STREET ADDRESS	915 NW 1ST AVE H-1603	2.3 STREET ADDRESS	236 N. Krome Ave	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Homestead FL 33030	
TITLE	P	3.1 TITLE	P	☑ Change ☐ Addition
NAME	RATAJCZAK, JAMES	3.2 NAME	Watkins, Michael	
STREET ADDRESS	1368 S FIELDLARK LANE	3.3 STREET ADDRESS	830 North Krome Ave	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	V	4.1 TITLE	V	☑ Change ☐ Addition
NAME	GREN, ERIC DR	4.2 NAME	Rowe Charles R.	
STREET ADDRESS	30 NE 19 ST	4.3 STREET ADDRESS	1310 North Krome Ave.	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	Homestead FL 33030	
TITLE	D	5.1 TITLE	T	☑ Change ☐ Addition
NAME	GUEST, MICKEY	5.2 NAME	Potter, Ruf	
STREET ADDRESS	311 NE 8TH ST #105	5.3 STREET ADDRESS	55 NW 9th St	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	TEWMAN, WILLIAM E	6.2 NAME	Leiner, Steve	
STREET ADDRESS	17330 SW 299TH ST	6.3 STREET ADDRESS	55 NW 16th St.	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	Homestead FL 33030	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles R. Rowe Vice Pres. 4-19-95 248 6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000787