

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41501 (0)**

1. Corporation Name  
**ROTARY CLUB OF HOMESTEAD, INC.**

Principal Place of Business <b>% CHARLES ROWE 1310 N KROME AVE HOMESTEAD FL 33030-4207</b>	Mailing Address <b>% CHARLES ROWE 1310 N KROME AVE HOMESTEAD FL 33030-4207</b>
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3. Date Incorporated or Qualified  
**12/28/1990**

4. FEI Number  
**59-6155191**

Applied For  
☐ Yes ☒ Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LYNN, SANDRA</b>	
STREET ADDRESS	<b>830 NORTH KROME AVENUE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERRY, DENNIS</b>	
STREET ADDRESS	<b>806 HOMESTEAD BLVD</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>V</b>	
NAME	<b>WATKINS, MICHAEL</b>	
STREET ADDRESS	<b>830 N KROME AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	
NAME	<b>GLENN, GLENNA</b>	
STREET ADDRESS	<b>948 N KROME AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOSNER, STEVEN D.</b>	
STREET ADDRESS	<b>65 NW 16TH ST</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GLOSSER, RICHARD</b>	
STREET ADDRESS	<b>151 NW 11TH ST SUITE 304</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lynn, Sandra</b>	
1.3 STREET ADDRESS	<b>830 North Krome Avenue</b>	
1.4 CITY-ST-ZIP	<b>Homestead, FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mazure, philippe</b>	
3.3 STREET ADDRESS	<b>125 N.E. 3th Street, #3</b>	
3.4 CITY-ST-ZIP	<b>Homestead, FL</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Huett, Linda</b>	
4.3 STREET ADDRESS	<b>790 N. Homestead Blvd.</b>	
4.4 CITY-ST-ZIP	<b>Homestead, FL</b>	
5.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Losner, Steven D.</b>	
5.3 STREET ADDRESS	<b>65 N.W. 16th Street</b>	
5.4 CITY-ST-ZIP	<b>Homestead, FL</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Glosser, Richard</b>	
6.3 STREET ADDRESS	<b>151 N.W. 11th St., Suite 304</b>	
6.4 CITY-ST-ZIP	<b>Homestead, FL</b>	

14. 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 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 \_\_\_\_\_

CP2E037 (1097)