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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90272 019 \*\*\*\*61.25

DOCUMENT # N41501

1. Corporation Name

ROTARY CLUB OF HOMESTEAD, INC.

Principal Place of Business

% CHARLES ROWE  
1310 N KROME AVE  
HOMESTEAD FL 33030-4207

Mailing Address

% CHARLES ROWE  
1310 N KROME AVE  
HOMESTEAD FL 33030-4207



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/28/1990

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LYNN, SANDRA  
STREET ADDRESS 830 NORTH KROME AVENUE  
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☒ DELETE

NAME BERRY, DENNIS  
STREET ADDRESS 896 HOMESTEAD BLVD  
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☐ DELETE

NAME MAZURE, PHILIPPE  
STREET ADDRESS 125 NE 8TH ST #3  
CITY-ST-ZIP HOMESTEAD FL

TITLE S ☒ DELETE

NAME HUETT, LINDA  
STREET ADDRESS 790 N HOMESTEAD BLVD  
CITY-ST-ZIP HOMESTEAD FL

TITLE V ☐ DELETE

NAME LOSNER, STEVEN D.  
STREET ADDRESS 65 NW 16TH ST.  
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☐ DELETE

NAME GLOSSER, RICHARD  
STREET ADDRESS 151 NW 11TH ST SUITE 304  
CITY-ST-ZIP HOMESTEAD FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

V

Lynn, Sandra

830 North Krome Avenue

Homestead, FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

Marcus, Michael

317 North Krome Avenue

Homestead, FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S

Witherell, Tom

974 Old Dixie Highway

Homestead, FL 33030

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

Losner, Steven D.

65 NW 16th Street

Homestead, FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

P

Glosser, Richard

151 NW 11th St., Suite 304

Homestead, FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

Glosser, Richard

151 NW 11th St., Suite 304

Homestead, FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

(305) 2472522

Date

Daytime Phone #

0024525

CR2E037 (4/1/98)