


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90006 004 \*\*\*\*61.25

<b>DOCUMENT # N41501</b>	
1. Entity Name ROTARY CLUB OF HOMESTEAD, INC.	

Principal Place of Business C/O FRED WARING 1900 N. KROME AVE. HOMESTEAD, FL 33030	Mailing Address P O BOX 901215 HOMESTEAD, FL 33090
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**54025991**

2. Principal Place of Business		3. Mailing Address 1900 North Krome Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. E	
City & State		City & State Homestead FL	
Zip	Country	Zip	Country
		33030	USA

01212004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6155191	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WARING, FRED 10423 SW 115 PLACE MIAMI, FL 33176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WARING, FRED 974 DIXIE HWY HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Charles Stevens 437 N Krome Ave Homestead FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE STEVENS, CHARLES 437 N. KROME AVE. HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE Robert Griffiths 32100 SW 187 Ave Homestead FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIFFITHS, ROBERT 32100 SW 187 AVE. HOMESTEAD, FL 33090 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Erik Tietig 16300 SW 184 Street Miami FL 33187 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNN, SANDRA T PO BOX 1659 HOMESTEAD, FL 33090 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Michael Richardson 43 N Krome Avenue Homestead FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERRY, DENNIS K 896 N. HOMESTEAD BLVD. HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIS, ROBERT S 16095 S.W. 84TH AVE. MIAMI, FL 331573614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	3-31-04	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			