2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90251 022 ****61.25

DOCUMENT # N41501

1. Entity Name
ROTARY CLUB OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
~~C/O FRED WARING~~ 1900 N. KROME AVE. HOMESTEAD, FL 33030	~~C/O FRED WARING~~ 1900 N. KROME AVE. HOMESTEAD, FL 33030

04012005 Chg-NP CR2E037 (10/03)

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

4. FEI Number: 59-6155191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARING, FRED 10423 SW 115 PLACE MIAMI, FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEVENS, CHARLES 437 N. KROME AVE. HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Griffits Robert 32100 SW 187 Ave Homestead FL 33030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE GRIFFITTS, ROBERT 32100 SW 187 AVE. HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Erik Tietig 16300 SW 184 Street Miami FL 33187	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRIFFITTS, ROBERT 32100 SW 187 AVE. HOMESTEAD, FL 33090	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Margaret B Jones 1780 N. Krome Ave Homestead FL 33030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDSON, MICHAEL 43 N. KROMA AVE. HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richardson, michael 43 N Krome Ave Homestead FL 33030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRY, DENNIS K 896 N. HOMESTEAD BLVD. HOMESTEAD, FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stevens charles 437 N Krome Ave Homestead FL 33030 VP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARRIS, ROBERT S 16095 S.W. 84TH AVE. MIAMI, FL 331573614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Harris Robert S 16095 SW 84th Avenue Miami FL 33157	☐ Change ☐ 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: _____ ROBERT S. HARRIS 4/20/05 305-233-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #