2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90006 005 ****61.25

DOCUMENT # N9800001682 1. Entity Name ROTARY CLUB OF HOMESTEAD CHARITABLE FOUNDATION, INC.					04-05-2004 90006 005 ****61.25			
Principal Place 830 N. KROM HOMESTEAD,	E AVE NUE	Mailing Address P.O. BOX 1215 HOMESTEAD, FL 33090				!	54025990	
0. 0.1-1.10	1 Declaration	La Matta Addison						
1900 N	ace of Business J. Krome Ave	3. Mailing Address		116		IDAYA OFFIA DOMA EDAKA DI		iilet et iffe)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03182004 CH	ng-NP	CR2E037 (10/03)	•
City & State	ilea l El	City & State	FL		4. FEI Number 65-082345			plied For
Homes		Zip	Country	, 			\$8.75 444	t Applicable
<u> </u>	6. Name and Address of Current	33030	<u> </u>	SA	5. Certificate of St		Fee Require	
		registered Agent	N	lame	≅7.:Name and Add	HOUS OF FRENT NEW	istered Agent	
LYNN, SANDRA T ESQ. 830 N. KROME AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
HOMESTEAD, FL 33030			-					
			<u> </u>	City			Zip Cod	θ
9 The shows	named entity submits this statement for	the purpose of changing its re	nistored s	office or register	rad agent or both in	the State of Floris	FL Zip Cool	and accept
	ions of registered agent	the purpose of chariging its re	gistered c	-			and the second of the	
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, SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Age	ent signature required	when reinstating)		DATE	!
PROFESSION DESCRIPTION				<u> </u>		Γ		. 3 : m (the
But the first terms of	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Coi	aign Finar ntribution.	ncing ! g:	\$5.00 May Be Added to Fees	Mai Florida	ce check payable to a Department of S	tate
10.	OFFICERS AND DIF		11.			ES TO OFFICERS	AND DIRECTORS IN	
TITLE	VPD WARING, FRES	🔼 Delete	TITLE NAME		PD	ع میرم	☐ Change	Addition A
STREET ADDRESS	30401 S. DIXIE HIGHWAY		STREET A	DORESS LIAT	nurles E	o Dio	Homostoa	7
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-	ZIP 731	<u>66 868 13</u>		Homestea	
TITLE	DT LOSNED STEVEND	🔀 Delete	TITLE	70	oert S. H	arris	Change	Addition
NAME STREET ADDRESS	LOSNER, STEVEN B 65 NW 16 STREET		NAME Street al	DORESS 160	95 50 8	912 P		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-	ZIP N	iami FL	. 3315	7	
TITLE	D	🗷 Delete	TITLE	Œ			Change	Addition
-NAME	LEVINE, KATRINA	<u>-</u> , , , , ,	NAME		nnis K		21.1	
STREET ADDRESS	437 N KROME AVE		STREET A		6 N Home		Blng	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-		mestead	Fr	33030 ☐ Change	Addition
title Name	PD OLESON, REX R	Delete	TITLE	PC	bert Er	ر دد ر عبده		Addition
STREET ADDRESS	31850 S.W. 195 AVE		STREET A		00 SW 13	ጻ7 Δ ላ ዴ		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-		mestand		<u> </u>	
TITLE	D	☐ Delete	TITLE	Q			⊠ Change	Addition
NAME	FERGUSON, ARNETT		NAME Street a	DODECC LA	nott Fer	30200	200	
STREET ADORESS CITY-ST-ZIP	1900 N KROME AVE HOMESTEAD, FL 33030		CITY-ST-	ZIP WA	00 North	CI SS	0 3.0	
TITLE	1817 Jan 1811 April 19	☐ Delete	- TITLE	- 1.0	1,00 Layne		O 3,O, <u>a. GANNA.</u> National St. [□] Charige (
NAME	競技の行行 好 はない	- Delete		· · [1		
(I/WY)L	J ****		NAME				-	

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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

.31-0-

Daytime Phone #