


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90001 038 \*\*\*\*61.25

**DOCUMENT # N98000001682**

1. Entity Name  
**ROTARY CLUB OF HOMESTEAD CHARITABLE FOUNDATION, INC.**



Principal Place of Business  
**1900 N KROME AVE  
 HOMESTEAD, FL 33030**

Mailing Address  
**1900 N KROME AVE  
 HOMESTEAD, FL 33030**

2. Principal Place of Business  
**15600 SW 288th Street**

3. Mailing Address  
**15600 SW 288th Street**

Suite, Apt. #, etc.  
**Suite 401**


City & State  
**Homestead, FL**

City & State  
**Homestead, FL**

Zip  
**33033**

Country  
**USA**

**60014213**



02012006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0823452**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LYNN, SANDRA T ESQ.  
 830 N. KROME AVENUE  
 HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent

Name  
**James M. Guest, CPA**

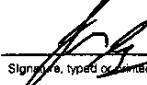
Street Address (P.O. Box Number is Not Acceptable)  
**15600 SW 288th Street, Ste 401**

City  
**Homestead**

State  
**FL**

Zip Code  
**33033**

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  **James M. Guest, CPA** **02/01/06** 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, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITTS, ROBERT 32100 SW 189 AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE TIETIG, SPIKE 16300 SW 184ST MIAMI, FL 33187	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, MARGARET B 1780 N KROMA AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, MICHAEL 43 N. KROME AVE HOMESTEAD, FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVENS, CHARLES 437 N. KROME AVE HOMESTEAD, FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, ROBERTS 16095 SW 4AVE PALMETTO BAY, FL 331573614	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Erik Tietig 16300 SW 184 Street Miami, FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Margaret B. Jones 1780 N. Krome Avenue Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Thomas Schramm 160 NW 13th Street Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T William Thibault 690 N Homestead Blvd Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **William Thibault** **2-8-2006** **305-247-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #