
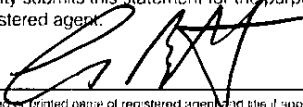


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

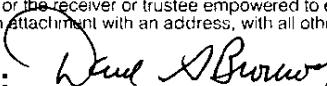
FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90001 029 ****61.25

DOCUMENT # N98000001682					
1. Entity Name ROTARY CLUB OF HOMESTEAD CHARITABLE FOUNDATION, INC.					
Principal Place of Business 15600 SW 288TH ST STE 403 HOMESTEAD FL 33033 US			Mailing Address P.O. BOX 901215 HOMESTEAD FL 33090 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0823452	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASTRAN, DEBORAH K ESQ 333 NE 8 STREET HOMESTEAD FL 33030			7. Name and Address of New Registered Agent Name: PIERCE, JAMES Street Address (P.O. Box Number is Not Acceptable): 48 NE 15 STREET City: HOMESTEAD FL Zip Code: 33030		
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 R. Pierce, Jr. DATE: 8/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIETIG, ERIK 16300 SW 184 ST MIAMI FL 33187	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, CHRIS 29120 S FEDERAL HWY HOMESTEAD FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, MARGARET B 1788 N KROME AVE HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PELE MECARA, LOUIS 690 N HOMESTEAD BLVD HOMESTEAD FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PELE SCHRAMM, THOMAS 160 NW 13TH ST HOMESTEAD FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHRAMM, THOMAS SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, MICHAEL 43 N. KROME AVE HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOROK, TIBOR 19345 SW 312 STREET HOMESTEAD FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELMS, JENNIFER 166 NW 19 STREET 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 BROUWER, DAVID 15600 SW 288 STREET, SUITE 403 HOMESTEAD FL 33033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition



2nd MOORE CR2E037 (4/08)

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:  **David G. Brower** Treasurer Date: **6/10/08** 305-345-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #