

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90001 023 ****61.25

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1. Corporation Name

ROTARY FOUNDATION OF CORAL GABLES, FLORIDA, INC.

Principal Place of Business

P.O. BOX 141700
CORAL GABLES FL 33114-1700

Mailing Address

P.O. BOX 141700
CORAL GABLES FL 33114-1700



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/11/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1757549

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MJF REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME EVERINGHAM, PHIL
STREET ADDRESS 1270 N.W. 11TH ST
CITY-ST-ZIP MIAMI FL 33125

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Joe Lancaster
1.3 STREET ADDRESS P.O. Box 14146
1.4 CITY-ST-ZIP Coral Gables FL 33114

TITLE VD ☒ DELETE
NAME WOODBRIDGE, YOLANDA
STREET ADDRESS 550 BILTMORE WAY, #730
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Donna Abood
2.3 STREET ADDRESS P.O. Box 14146
2.4 CITY-ST-ZIP Coral Gables FL 33114

TITLE SD ☒ DELETE
NAME BAUMGARTNER, SALLY
STREET ADDRESS 550 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Kelly Sartre
3.3 STREET ADDRESS P.O. Box 14146
3.4 CITY-ST-ZIP Coral Gables FL 33114

TITLE TD ☒ DELETE
NAME ORTIZ, FRED
STREET ADDRESS 132 MINORCA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE TD ☐ Change ☐ Addition
4.2 NAME Fred Ortiz
4.3 STREET ADDRESS P.O. Box 14146
4.4 CITY-ST-ZIP Coral Gables FL 33114

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

Date

305-444-1466

Daytime Phone #