

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 16, 2007
Secretary of State

DOCUMENT# 737791

Entity Name: ROTARY FOUNDATION OF CORAL GABLES, FLORIDA, INC.**Current Principal Place of Business:**P O BOX 14-1446
CORAL GABLES, FL 331141700**New Principal Place of Business:**1014 SALZEDO STREET
APT 200
CORAL GABLES, FL 33134**Current Mailing Address:**P O BOX 14-1446
CORAL GABLES, FL 331141700**New Mailing Address:****FEI Number:** 59-1757549 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MJF REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: SEXTON, FRANCIS X JR.
Address: 1135 LINDEN STREET
City-St-Zip: HOLLYWOOD, FL 33019**Title:** VP () Delete
Name: BAUMGARTNER, SALLY
Address: 3125 SEGOVIA STREET
City-St-Zip: CORAL GABLES, FL 33134**Title:** SECR () Delete
Name: BOUE, LOUIS
Address: 6405 SW 133RD DRIVE
City-St-Zip: MIAMI, FL 33156**Title:** TRES () Delete
Name: HOROWITZ, ABE
Address: 1960 SW 32ND COURT
City-St-Zip: MIAMI, FL 33145**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: MITCHELL, DAVID
Address: 6700 SANTONA STREET
City-St-Zip: CORAL GABLES, FL 33143**Title:** VP (X) Change () Addition
Name: TROMBLEY, DONALD
Address: 7540 SW 174TH STREET
City-St-Zip: MIAMI, FL 33157**Title:** SECR (X) Change () Addition
Name: SWAIN, DEBORAH
Address: 4015 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146**Title:** TRES (X) Change () Addition
Name: FORSHEE, WILLIAM
Address: 6100 SW 85TH AVENUE
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FORSHEE

TR

07/16/2007

Electronic Signature of Signing Officer or Director

Date