

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715906

FILED
Feb 16, 2009
Secretary of State

Entity Name: ROTARY FOUNDATION OF MIAMI, FLORIDA, INC.

Current Principal Place of Business:

269 GIRALDA AVE
STE 302
MIAMI, FL 33134 US

New Principal Place of Business:

216 CATALONIA AVENUE
STE 101
MIAMI, FL 33134 US

Current Mailing Address:

269 GIRALDA AVE
STE 302
MIAMI, FL 33134 US

New Mailing Address:

216 CATALONIA AVENUE
STE 101
MIAMI, FL 33134 US

FEI Number: 23-7091199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, NANCY C
269 GIRALDA AVE 302
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MORGAN, NANCY C
216 CATALONIA AVENUE
STE 101
CORAL GABLES, FL 33134 US

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: _____

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TONKINSON, RICHARDSON
Address: 5900 SW 135 ST
City-St-Zip: PINE CREST, FL 33156

Title: TRES () Delete
Name: WIGGINS, JAMES
Address: 14500 SW 84 AVE
City-St-Zip: MIAMI, FL 33158

Title: P () Delete
Name: ELDREDGE, THEODORE
Address: 172 NE 15 ST
City-St-Zip: MIAMI, FL 33132

Title: VP () Delete
Name: GITTNER, CORY
Address: 551 NE 102 ST
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JONATHAN, PARKER
Address: 560 WEST 51 STREET
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD (X) Change () Addition
Name: WIGGINS, JAMES
Address: 14500 SW 84 AVE
City-St-Zip: MIAMI, FL 33158

Title: SD (X) Change () Addition
Name: DE LAS POZAS, ANN
Address: 7200 SW 107 TERRACE
City-St-Zip: MIAMI, FL 33156

Title: P (X) Change () Addition
Name: GITTNER, CORY
Address: 551 NE 102 ST
City-St-Zip: MIAMI, FL 33138

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: CORY GITTNER

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date