

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737791

Entity Name: ROTARY FOUNDATION OF CORAL GABLES, FLORIDA, INC.**Current Principal Place of Business:**2600 DOUGLAS ROAD
SUITE 406
CORAL GABLES, FL 33134**Current Mailing Address:**PO BOX 14-1446
CORAL GABLES, FL 33114-1446 US**FEI Number:** 59-1757549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORSHEE, WILLIAM
2600 DOUGLAS ROAD
SUITE 406
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:** WILLIAM FORSHEE

01/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	QUESENBERRY, WILLIAM
Address	PO BOX 14-1446
City-State-Zip:	CORAL GABLES FL 33114-1446

Title	SECRETARY
Name	BAUMGARTNER, SALLY L
Address	PO BOX 14-1446
City-State-Zip:	CORAL GABLES FL 33114-1446

Title	PAST-PRESIDENT
Name	GARCES, KELLY
Address	PO BOX 14-1446
City-State-Zip:	CORAL GABLES FL 33114-1446

Title	SCHOLARSHIP PROGRAM DIRECTOR
Name	LONG, TERESA
Address	P.O. BOX 14-1446
City-State-Zip:	CORAL GABLES FL 33114-1446

Title	PRESIDENT
Name	ETEROVIC, NICOLAS
Address	PO BOX 14-1446
City-State-Zip:	CORAL GABLES FL 33114-1446

Title	PRESIDENT-ELECT
Name	HAMON, RUDFORD
Address	PO BOX 14-1446
City-State-Zip:	CORAL GABLES FL 33114-1446

I hereby 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 all other like empowered.

SIGNATURE: SALLY BAUMGARTNER**SECRETARY**

01/19/2021

Electronic Signature of Signing Officer/Director Detail

Date