

**2019 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

02/01/2019

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            FORNARIS, SUSAN L  
Address        PO BOX 14-1446  
City-State-Zip: CORAL GABLES FL 33114-1446

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

Title            ROTARY FOUNDATION DIRECTOR  
Name            WOODBRIDGE, YOLANDA V  
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-ELECT  
Name            GARCES, KELLY  
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 L BAUMGARTNER**SECRETARY**

02/01/2019

Electronic Signature of Signing Officer/Director Detail

Date