

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008058

Entity Name: HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.**FILED**
Jan 08, 2015
Secretary of State
CC2559773913**Current Principal Place of Business:**166 HIALEAH DR
HIALEAH, FL 33010**Current Mailing Address:**P O BOX 111635
HIALEAH, FL 33010**FEI Number: 65-1065383****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**YERMACK, JOHN
166 HIALEAH DRIVE
HIALEAH, FL 33010 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BADGER, BEN
Address	1371 N W 144 AVE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	S
Name	GARTON, SYDNEY
Address	464 MINOLA DR
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	T
Name	BOWEIN, SHERRYL
Address	288 POCATELLA ST
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	D
Name	THOMPSON, POLLY
Address	560 NIGHTINGALE AVE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	D
Name	CHEETHAM, ROBERT
Address	6914 HOLLY ROAD
City-State-Zip:	MIAMI LAKES FL 33014

Title	VP
Name	ROMERO, TRACY
Address	7922 SW 146 AVE
City-State-Zip:	MIAMI FL 33183

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: SHERRYL B BOWEIN**TREASURER****01/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date