

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008058

**Entity Name:** HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC8055378030****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 SECRETARY  
Name MILLS, JAMES S JR  
Address 651 PLOVER AVE  
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 PALMER, MARJORIE E  
Address 449 SWALLOW DRIVE #6  
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 VOYE, NANCY  
Address 611 NIGHTENGALE AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title PRESIDENT  
Name SAAVEDRA, ALDO  
Address 529 CURTISS PARKWAY  
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR  
Name CARMODY, NANETTE  
Address 651 PLOVER AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR  
Name HOLDEN, FRANCIS E  
Address 166 HIALEAH DR  
City-State-Zip: HIALEAH FL 33010

**Continues on page 2**

*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****02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PONS, ELAINE J  
Address 441 SWALLOW DRIVE #10  
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR  
Name YECKE-GUDE, ANASTASIA  
Address 3802 NE 6TH AVE  
City-State-Zip: MIAMI FL 33137