

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07000001834

**Entity Name:** ROTARY INTERNATIONAL DISTRICT 6990, INC.

**Current Principal Place of Business:**

200 E BROWARD BLVD  
SUITE 1800  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

200 E BROWARD BLVD  
SUITE 1800  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 20-8494377

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHN, ALAN  
200 E BROWARD BLVD  
SUITE 1800  
FORT LAUDERDALE, FL 33301 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:** ALAN COHN

07/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name SCHUMACKER, JOSEPH  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title SECRETARY  
Name QUINN, CHARLOTTE  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER, DIRECTOR  
Name PALKOWITSH, BRIAN  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name SCHUMACKER, JOSEPH  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name ROTH, JOE  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name ROBERTS, PASCALE  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name MONAGHAN, DREW  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name SOOZIN, ADI  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

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*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:** BRIAN PALKOWITSH

TREASURER

07/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PHARES, LEATRICE  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name FRIED, MARK  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name FOLKERS, SPARKIE  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name WEEKLEY, ALTON  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name EVERT, CHRIS  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name GOBBI, BARBARA  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name MEDINA, IMELDA DR.  
Address 200 E BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301