

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005869

**FILED**  
**Jan 18, 2018**  
**Secretary of State**  
**CC3502269463**

**Entity Name:** MIRAMAR-PINES ROTARY CLUB FOUNDATION, INC.

**Current Principal Place of Business:**

2114 N. FLAMINGO ROAD  
163  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

2114 N. FLAMINGO ROAD  
163  
PEMBROKE PINES, FL 33028

**FEI Number:** 27-0401718

**Certificate of Status Desired:** No

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

KING, SANFORD  
10006 NW 5 STREET  
PLANTATION, FL 33324 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:** SANFORD L KING

01/18/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CORREDOR, LIGIA I  
Address 16417 SAPPHIRE BEND  
City-State-Zip: WESTON FL 33331

Title SECRETARY  
Name LEVY, RUBEN  
Address 12663 NW 18 MANOR  
City-State-Zip: PEMBROKE PINES FL 33028

Title TREASURER  
Name KING, SANFORD  
Address 10006 NW 5 STREET  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name CORREDOR, BEATRIZ  
Address 1391 CAMELLA CIRCLE  
City-State-Zip: WESTON FL 33326

Title PRESIDENT  
Name JOSEFSKI, BONNIE  
Address 2114 N. FLAMINGO ROAD  
163  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name QUIGLEY, GAIL DR.  
Address 211 NW 190TH AVE.  
City-State-Zip: PEMBROKE PINES FL 33028

Title IMMEDIATE PAST PRESIDENT  
Name MASON, STEVEN  
Address 2114 N. FLAMINGO ROAD  
163  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name SPANO, CARLEEN DR.  
Address 8330 MENTEITH TERR  
City-State-Zip: MIAMI LAKES FL 33016-1433

**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:** SANFORD L KING

TREASURER

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HEIN, WERNER  
Address        2301 N.E. 17 AVE.  
City-State-Zip: WILTON MANORS FL 33305