

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41501

Entity Name: ROTARY CLUB OF HOMESTEAD, INC.**Current Principal Place of Business:**44 NE 16 STREET
HOMESTEAD, FL 33030**Current Mailing Address:**P.O. BOX 901215
HOMESTEAD, FL 33090 US**FEI Number:** 59-6155191**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERCE, JAMES R
44 NE 16 STREET
HOMESTEAD, FL 33030 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	DIRECTOR
Name	CHAPLIN, ROBERT
Address	P.O. BOX 901215
City-State-Zip:	HOMESTEAD FL 33090

Title	PRESIDENT
Name	MACHESIC, DALE
Address	P.O. BOX 901215
City-State-Zip:	HOMESTEAD FL 33090

Title	DIRECTOR
Name	DOHERTY, CHRIS
Address	P.O. BOX 901215
City-State-Zip:	HOMESTEAD FL 33090

Title	DIRECTOR
Name	TIETIG, ERIK
Address	P.O. BOX 901215
City-State-Zip:	HOMESTEAD FL 33090

Title	DIRECTOR
Name	HART, MICHAEL
Address	P.O. BOX 901215
City-State-Zip:	HOMESTEAD FL 33090

Title	SECRETARY
Name	AGUILAR, MELISSA
Address	P.O. BOX 901215
City-State-Zip:	HOMESTEAD FL 33090

Title	DIRECTOR
Name	DIEHL, LAWRENCE
Address	P.O. BOX 901215
City-State-Zip:	HOMESTEAD FL 33090

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: JOSE M ROMERO**TREASURER****02/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date