## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000000646

Entity Name: THE ROTARY DISTRICT 6990 FOUNDATION, INC.

**FILED** Jul 11, 2024 **Secretary of State** 8400314714CC

## **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: 65-0651579 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: COHN ALAN 07/11/2024

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

FORT LAUDERDALE FL 33301

Officer/Director Detail:

Title Title **SECRETARY** CHAIRMAN, DIRECTOR

Name CALTAGIRONE, DENNIS Name QUINN, CHARLOTTE 200 E BROWARD BLVD 200 E BROWARD BLVD Address Address

> **SUITE 1800 SUITE 1800**

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

Title **DIRECTOR** Title **TREASURER** 

Name GOBBI, BARBARA Name PALKOWITSH, BRIAN Address 200 E BROWARD BLVD Address 200 E BROWARD BLVD

**SUITE 1800 SUITE 1800** 

Title DIRECTOR HORTON, DON Name

City-State-Zip:

200 E BROWARD BLVD Address

**SUITE 1800** 

City-State-Zip: FORT LAUDERDALE FL 33301

FORT LAUDERDALE FL 33301

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.

07/11/2024 SIGNATURE: BRIAN PALKOWITSH TREASURER