## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001682

Entity Name: ROTARY CLUB OF HOMESTEAD CHARITABLE FOUNDATION,

INC.

**Current Principal Place of Business:** 

38 NE 16 STREET HOMESTEAD, FL 33030

**Current Mailing Address:** 

P.O. BOX 901215

HOMESTEAD, FL 33090 US

FEI Number: 65-0823452 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERCE, JAMES R 38 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

**FILED** Apr 29, 2014

**Secretary of State** 

CC5137002378

Officer/Director Detail:

Title **PRESIDENT** Title **DIRECTOR** 

Name LOSNER, STEVEN Name CHAPLIN, ROBERT L Address P.O. BOX 901215 Address P.O. BOX 901215

City-State-Zip: HOMESTEAD FL 33090 City-State-Zip: HOMESTEAD FL 33090

Title **DIRECTOR** Title **DIRECTOR** 

Name MACHESIC, DALE Name ROMERO, JOSE M Address P.O. BOX 901215 Address P.O. BOX 901215

City-State-Zip: HOMESTEAD FL 33090 City-State-Zip: HOMESTEAD FL 33090

Title **DIRECTOR** Title

Name ROMERO, JOSE M Name DIEHL, LAWRENCE Address P.O. BOX 901215 P.O. BOX 901215 Address

City-State-Zip: HOMESTEAD FL 33090 HOMESTEAD FL 33090 City-State-Zip:

VΡ Title

Name DIEHL, LAWRENCE Address P.O. BOX 901215

HOMESTEAD FL 33090 City-State-Zip:

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: LAWRENCE DIEHL

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

04/29/2014

Date