

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001682

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC9931239061**

**Entity Name:** ROTARY CLUB OF HOMESTEAD CHARITABLE FOUNDATION, 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: 65-0823452**

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

Title           TREASURER  
Name           PHILIP, MARRACCINI  
Address       P.O. BOX 901215  
City-State-Zip: HOMESTEAD FL 33090

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

Title           CHARITABLE FOUNDATION  
                  CHAIRMAN  
Name           HART, MICHAEL  
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: PHILIP MARRACCINI**

**TREASURER**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date