

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001682

**FILED**  
**Jun 15, 2015**  
**Secretary of State**  
**CC3740735066**

**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

**Officer/Director Detail :**

Title DIRECTOR  
Name CHAPLIN, ROBERT L  
Address P.O. BOX 901215  
City-State-Zip: HOMESTEAD FL 33090

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

Title TREASURER  
Name ROMERO, JOSE M  
Address P.O. BOX 901215  
City-State-Zip: HOMESTEAD FL 33090

Title PRESIDENT  
Name DIEHL, LAWRENCE  
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 DOHERTY, CHRIS  
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

*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**

**PRESIDENT**

**06/15/2015**

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

\_\_\_\_\_  
Date