

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90033 042 \*\*\*\*61.25

**DOCUMENT # 714182**

1. Entity Name

ROTARY FOUNDATION OF MIAMI BEACH, FLORIDA,  
INC.



Principal Place of Business

12700 BISCAYNE BLVD  
SUITE 101  
NORTH MIAMI FL 33181-2024  
US

Mailing Address

12700 BISCAYNE BLVD  
SUITE 101  
NORTH MIAMI FL 33181-2024  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6204890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, WILLIAM P  
12700 BISCAYNE BLVD  
SUITE 101  
NORTH MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME THOMPSON, GARTH  
STREET ADDRESS 1620 DREXEL AVE  
CITY-ST-ZIP MIAMI BEACH FL

TITLE **TD** ☐ Delete  
NAME OWENS, WILLIAM P  
STREET ADDRESS 12700 BISCAYNE BLVD SUITE 101  
CITY-ST-ZIP NORTH MIAMI FL

TITLE **D** ☒ Delete  
NAME BAGGIO, JOSEPH  
STREET ADDRESS 511 NE 52 STREET  
CITY-ST-ZIP MIAMI FL 33137

TITLE **PD** ☐ Delete  
NAME HAMILTON, CLAY  
STREET ADDRESS 1455 MICHIGAN AVENUE, #16  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE **SD** ☐ Delete  
NAME ESPESETH, PAUL K  
STREET ADDRESS 1801 ALTON ROAD, #200  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME JAY GOULD  
STREET ADDRESS 14465 SW 97 AVE  
CITY-ST-ZIP MIAMI FL 33176

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 305 895 8802