

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 10, 2007**  
**Secretary of State**

DOCUMENT# 714182

**Entity Name:** ROTARY FOUNDATION OF MIAMI BEACH, FLORIDA, INC.**Current Principal Place of Business:**1175 NE 125 STREET  
307  
NORTH MIAMI, FL 331615010 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 610097  
NORTH MIAMI, FL 332610097 US**New Mailing Address:****FEI Number:** 59-6204890**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OWENS, WILLIAM P  
1175 NE 125TH STREET  
SUITE 307  
NORTH MIAMI, FL 331615010 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: COFFMAN, JR. WILLIAM, S.  
Address: 407 LINCOLN ROAD, SUITE 2C  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS ( ) Delete  
Name: JOHNSON, WALTRAUD H  
Address: 100 LINCOLN ROAD,  
City-St-Zip: MIAMI BEACH, FL 33139

Title: P (X) Delete  
Name: SYLVESTRE, JANINE  
Address: 6061 COLLINS AVE., UNIT 4E  
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD (X) Delete  
Name: SALGADO, CARMEN  
Address: 407 LINCOLN ROAD, SUITE 2C  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS (X) Delete  
Name: YOUNGSTROM, PATRICIA A  
Address: 145 JEFFERSON AVE., UNIT 419  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SYLVESTRE, JANINE  
Address: 6061 COLLINS AVE #4E  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DS (X) Change ( ) Addition  
Name: DOPP, HEATHER  
Address: 7441 WAYNE STREET  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANINE SYLVESTRE

P

10/10/2007

Electronic Signature of Signing Officer or Director

Date