

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725074

FILED  
Feb 07, 2011  
Secretary of State

**Entity Name:** FORT LAUDERDALE ROTARY 1090 FOUNDATION, INC.

**Current Principal Place of Business:**

1146 SW 149 LANE  
FORT LAUDERDALE, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2399  
FORT LAUDERDALE, FL 33303 US

**New Mailing Address:**

FEI Number: 23-7247846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHICKLER, MERYL  
1146 SW 149 LANE  
FORT LAUDERDALE, FL 33326 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: D  
Name: GUNDLACH, WILLIAM  
Address: 1349 MIDDLE RIVER DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D  
Name: WILLIAMS, RAY  
Address: 715 CORDOVA ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D  
Name: GUSTAFSON, JOHN  
Address: 901 EAST LAS OLAS BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D  
Name: KURTZ, MARTIN  
Address: 2110 N. OCEAN #203  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D  
Name: GUNDLACH, JON  
Address: 2317 NE 12TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: MERYL SCHICKLER

RA

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date