

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736045 (6)

1. Corporation Name

~~SOUTHWEST MIAMI ROTARY CLUB FOUNDATION, INC.~~
MIAMI DADELAND ROTARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**C/O J. KYLE JOHNS
11820 S.W. 91 TERR.
MIAMI FL 33186**

**C/O J. KYLE JOHNS
11820 S.W. 91 TERR.
MIAMI FL 33186**

FILED

95 MAY -1 PM 3:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1976	3a. Date of Last Report 07/28/1994
4. FEI Number 59-1710788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BROWN, RICHARD M.
9350 S DIXIE HIGHWAY, SUITE 950
MIAMI FL 33158**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HULL, CHARLES
STREET ADDRESS	8950 SW 83 STREET
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	D
NAME	FAERBER, RANDOLPH
STREET ADDRESS	14717 SW 110 TERRACE
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	D
NAME	LIEBERMAN, RON
STREET ADDRESS	9350 S DIXIE HWY, PH
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	D
NAME	TUTTLE, WILLIAM
STREET ADDRESS	9720 SW 142ND DR.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	D
NAME	SAUNDERS, SANDY JR.
STREET ADDRESS	10100 SW 63RD PLACE
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	TD
NAME	JOHNS JACQUELYN
STREET ADDRESS	11820 S.W. 91 TERRACE
CITY - ST - ZIP	MIAMI FL 33186

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORRIS REGO
1.3 STREET ADDRESS	13225 S.W. 69 Terr.
1.4 CITY - ST - ZIP	MIAMI, FL 33183
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOUIS G. JOHNS
2.3 STREET ADDRESS	11820 S.W. 91 Terr.
2.4 CITY - ST - ZIP	MIAMI, FL 33186
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM BORONSKI
4.3 STREET ADDRESS	761 N.W. 12 AVE.
4.4 CITY - ST - ZIP	DANIA, FL 33004
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacquelyn Johns*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACQUELYN JOHNS

4/28/95 (Date)
(305) 670-4408 (Telephone Number)