## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 736045**

1. Entity Name

MIAMI DADELAND ROTARY FOUNDATION, INC.



FILED

Mar 03, 2006 08:00 AM

Secretary of State

Principal Place of Business 9520 SW 118TH COURT MIAMI, FL 33186 US Mailing Address

9520 SW 118TH COURT MIAMI, FL 33T86 US

DO NOT WRITE IN THIS SPACE

02222006 No Chg-NP CR28

CR2E037 (11/05)

4. FEI Number 59-1710788 Applied For Not Applicable

with, and accept

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNS, LOUIS G 9485 SUNSET DR A195 MIAMI, FL 33173-3297

## DO NOT WRITE IN THIS SPACE

				Verteine en e	dvoji zilžilot odlivit 17
the obligat	named entity submits this statement for the putions of registered agent	rpose of changing its registers	ed office or r	egistered agent, or bo	th. in the State of Florida. I am familia
SIGNATURE Signature, typoid or product extens of oxylitated injurit that bits it appropriate (NOTE Registrosed			As Aspend cigarettens received when remaining) CATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finar Trust Fulld Contribution.	ocing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		*** **********************************	The same of the sa
TITLE NAME STREET ACIONESS CITY-ST-ZIP	D JOHNS, LOUIS G 9485 SUNSET DR A 195 MIAMI, FL 33173				WWW.
Title Name Street address Olty-51-21P	D LIEBERMAN, RON 10625 SW 100 ST MIAMI, FL				07/15/06-90041-00
Title Name Street Address City - ST- Zip	D POZEN, IRA 14243 SW 84TH ST MIAMI, FL 33183			bo	NOT WRITE
Title Hame Street aderess Chy-SI-IP	T JOHNS, JACQUELYN 9520 SW 118TH CT MIAMI, FL 33186			IN.	THIS SPACE
Title NAME STREET ADDRESS CHY-ST-ZIP	P CENEY, DONNA 4201 TOLEDO ST CORAL GABLES, FL 33146				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of 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:

TITLE WAME STREET ADDRESS CHY+S1-ZIP

NATURE AND TYPED OR PRINTED NUME OF

GNING DEFICER OR DIRECTOR

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