2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 736045

1. Entity Name
MIAMI DADELAND ROTARY FOUNDATION, INC.

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

Mailing Address
9520 SW 118TH COURT
MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE

02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1710788

Applied For
Not Applicable

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

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNS, LOUIS G
STREET ADDRESS	9485 SUNSET DR A 195
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	LIEBERMAN, RON
STREET ADDRESS	10625 SW 100 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	POZEN, IRA
STREET ADDRESS	14243 SW 84TH ST
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	T
NAME	JOHNS, JACQUELYN
STREET ADDRESS	9520 SW 118TH CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	P
NAME	CENEY, DONNA
STREET ADDRESS	4201 TOLEDO ST
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-80041-004 61.25

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12. I hereby certify that the information supplied with this filing 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 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: _____ 28 FEB 2006 305 2748189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #