

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736045

FILED  
Jul 18, 2007  
Secretary of State

Entity Name: MIAMI DADELAND ROTARY FOUNDATION, INC.

**Current Principal Place of Business:**

9520 SW 118TH COURT  
MIAMI, FL 33186 US

**New Principal Place of Business:**

10500 SW 96 TERRACE  
MIAMI, FL 33176 US

**Current Mailing Address:**

9520 SW 118TH COURT  
MIAMI, FL 33186 US

**New Mailing Address:**

10500 SW 96 TERRACE  
MIAMI, FL 33176

FEI Number: 59-1710788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JOHNS, LOUIS G  
9485 SUNSET DR  
A195  
MIAMI, FL 331733297 US

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

BRAIL, NEVEN  
10500 SW 96 TERRACE  
MIAMI, FL 33176 US

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: NEVEN BRAIL

07/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNS, LOUIS G  
Address: 9485 SUNSET DR A 195  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: LIEBERMAN, RON  
Address: 10625 SW 100 ST  
City-St-Zip: MIAMI, FL

Title: D (X) Delete  
Name: POZEN, IRA  
Address: 14243 SW 84TH ST  
City-St-Zip: MIAMI, FL 33183

Title: T (X) Delete  
Name: JOHNS, JACQUELYN  
Address: 9520 SW 118TH CT  
City-St-Zip: MIAMI, FL 33186

Title: P (X) Delete  
Name: CENEY, DONNA  
Address: 4201 TOLEDO ST  
City-St-Zip: CORAL GABLES, FL 33146

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

Title: D (X) Change ( ) Addition  
Name: BRAIL, NEVEN  
Address: 10500 SW 96 TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition  
Name: LIEBERMAN, RON  
Address: 10625 SW 100 ST  
City-St-Zip: MIAMI, FL 33176

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: NEVEN BRAIL

D

07/18/2007

Electronic Signature of Signing Officer or Director

Date