

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737791

FILED
Apr 20, 2009
Secretary of State

Entity Name: ROTARY FOUNDATION OF CORAL GABLES, FLORIDA, INC.

Current Principal Place of Business:

1014 SALZEDO STREET
APT 200
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P O BOX 14-1446
CORAL GABLES, FL 331141700

New Mailing Address:

FEI Number: 59-1757549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MJF REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES, FL 33134 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: PRES () Delete
Name: MITCHELL, DAVID
Address: 6700 SANTONA STREET
City-St-Zip: CORAL GABLES, FL 33143

Title: VP () Delete
Name: TROMBLEY, DONALD
Address: 7540 SW 174TH STREET
City-St-Zip: MIAMI, FL 33157

Title: SECR () Delete
Name: SWAIN, DEBORAH
Address: 4015 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: TRES () Delete
Name: FORSHEE, WILLIAM
Address: 6100 SW 85TH AVENUE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HICKS, J. WILEY
Address: P O BOX 14-1446
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change () Addition
Name: ALVAREZ, WALTER
Address: P O BOX 14-1446
City-St-Zip: CORAL GABLES, FL 33134

Title: SECR (X) Change () Addition
Name: BELL, DEENA
Address: P O BOX 14-1446
City-St-Zip: CORAL GABLES, FL 33134

Title: TRES (X) Change () Addition
Name: GUTTMANN, SUSAN
Address: P O BOX 14-1446
City-St-Zip: CORAL GABLES, FL 33134

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: J. WILEY HICKS

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date