

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745670

FILED
Apr 06, 2007
Secretary of State

Entity Name: ROTARY CLUB OF KEY BISCAYNE, INC.

Current Principal Place of Business:

C/O 2730 SW 3RD AVE
SUITE 800
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

C/O 2730 SW 3RD AVE
SUITE 800
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-1652806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T.
50 W. MASHTA DRIVE
SUITE 4
KEY BISCAYNE, FL 33149 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: D () Delete
Name: COOPER, BONNIE
Address: 50 W MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: LOWMAN, ROBERT
Address: 2730 SW 3RD AVE STE 800
City-St-Zip: MIAMI, FL 33129

Title: PD () Delete
Name: BLASI, ELLEN
Address: 240 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: MCGILL, RICHARD
Address: 155 OCEAN LANE DRIVE,, #813/815
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: GOLDSTEIN, JULIAN
Address: 240 CRANDON BLVD., SUITE 211
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ROBERT M. LOWMAN

OT

04/06/2007

Electronic Signature of Signing Officer or Director

Date