2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 745670

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 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 MR 03/20/2009
Electronic Signature of Signing Officer or Director — Date