

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005260

FILED
Apr 30, 2007
Secretary of State

Entity Name: MIAMI SHORES ROTARY FOUNDATION, INC.

Current Principal Place of Business:

9165 PARK DR.
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

9165 PARK DR.
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 59-6152449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STEVEN J
9165 PARK DR.
MIAMI SHORES, FL 33138 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: PD () Delete
Name: TRIPODO, ANTHONY J
Address: 1225 NE 95 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: VPD () Delete
Name: THOMAS, DANNY
Address: P.O. BOX 680100
City-St-Zip: MIAMI, FL 33168

Title: STD () Delete
Name: JOHNSON, STEVEN J
Address: 9165 PARK DR.
City-St-Zip: MIAMI SHORES, FL 33138

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:

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: ANTHONY J TRIPODO

PD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date