

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008058

1. Entity Name
HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE
FOUNDATION, INC.



Principal Place of Business
1655 W 39TH PL
HIALEAH, FL 33012

Mailing Address
1655 W 39TH PL
HIALEAH, FL 33012

FILED
Feb 09, 2004 08:00 AM
Secretary of State



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1065383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YERMACK, JOHN
1655 W 39TH PL
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
PECKNOLD, GERALD
STREET ADDRESS
10940 SW 135TH COURT
CITY- ST- ZIP
MIAMI, FL 33186

TITLE
NAME
D
YERMOCK, JOHN
STREET ADDRESS
1655 W 39TH PLACE
CITY- ST- ZIP
HIALEAH, FL 33012

TITLE
NAME
D
THOMPSON, POLLY
STREET ADDRESS
7655 NW 50TH STREET
CITY- ST- ZIP
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000044711
02/11/04-80031-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-04 305 8243847