

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90052 049 \*\*\*\*61.25

**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**

**40002552**



2. Principal Place of Business  
**166 HIALEHA DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 111635**  
Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State  
**HIALEAH FL**  
Zip  
**33010**

City & State  
**HIALEHA FL**  
Zip  
**33010**

Country  
**DADE**

4. FEI Number  
**65-1065383**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☐ Change ☒ Addition  
NAME **THOMAS N CURTIS**  
STREET ADDRESS **8033 NW 36th ST**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **S** ☐ Change ☒ Addition  
NAME **GAIL SENITA**  
STREET ADDRESS **7930 SW 15th ST MIAMI FL**  
CITY-ST-ZIP **33144**

TITLE **T** ☐ Change ☒ Addition  
NAME **SHERRYL B BOWEIN**  
STREET ADDRESS **288 POCATELLA ST**  
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sherryl B Bowein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sherryl B Bowein* 1/18/05 305-883-0883  
Date Daytime Phone #