

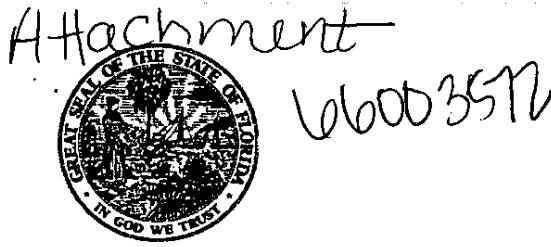
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2006 8:00 am
Secretary of State

01-26-2006 90039 010 ****61.25

DOCUMENT # N00000008058					
1. Entity Name HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.					
Principal Place of Business 166 HIALEHA DR HIALEAH, FL 33010			Mailing Address P O BOX 111635 HIALEAH, FL 33010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1065383	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-necessing) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete THOMPSON, POLLY 7655 NW 50TH STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input checked="" type="checkbox"/> Delete CURTIS, THOMAS 8033 NW 36TH ST MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PAUL LATCH 125 HUNTINGLODGE DRIVE MIAMI SPRINGS FL 33166	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S <input type="checkbox"/> Delete SENITA, GAIL 7930 SW 15TH ST MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input type="checkbox"/> Delete BOWEIN, SHERRYL 288 POCATELLA ST MIAMI SPRINGS, FL 33186		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition EDGAR CAMPOS 12900 S W 100 AVE MIAMI FL 33176	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sherryl B. Bowein</u> 1/29/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC
P O BOX 111635
HIALEAH, FL 33010

Subject: **HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION,**

Reference Number: **N00000008058**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION