

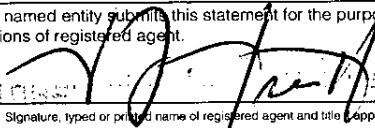
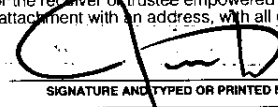


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90004 016 \*\*\*\*70.00

<b>DOCUMENT # N03000003266</b>					
<b>1. Entity Name</b> DISTRICT 6990 ROTARY ELDER PROGRAM, INC.					
<b>Principal Place of Business</b> 4000 PONCE DE LEON BLVD., SUITE 470 CORAL GABLES, FL 33146			<b>Mailing Address</b> 4000 PONCE DE LEON BLVD., SUITE 470 CORAL GABLES, FL 33146		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 43-2010855	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  REGISTERED SERVICES, INC. 2801 PONCE DE LEON BLVD., SUITE 810 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name: <b>TRESCOTT, DRUCKER &amp; VASALLO, PL</b> Street Address (P.O. Box Number is Not Acceptable): <b>2605 PONCE DE LEON BLVD</b> City: <b>CORAL GABLES</b> FL <b>33134</b>		
<b>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.</b>  SIGNATURE:  <span style="float: right;">1/10/05</span> <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>ANDERSON, FRED</b> 1200 S. FEDERAL HWY. FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>SELMA ANN VERSE</b> 1673 S.E. 21ST AVE LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>MARTIN, JACK</b> 4000 PONCE DE LEON BLVD., STE. 470 MIAMI, FL 33146	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>GROSS, JORGE A</b> 200 SOUTH BISCAYNE BLVD., SUITE 700 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>JACKSON, FREDRICK JR.</b> 13633 DEERING BAY DR. CORAL GABLES, FL 33158	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>LANDON, R. KIRK</b> 255 ALHAMBRA CIR., SUITE 820 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>REED, GRETA</b> 3400 DEVON RD. COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b>  <b>JACK MARTIN</b>				Date: <b>1/10/2005</b> Daytime Phone #: <b>305.865.0747</b>	