2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003266

FILED Apr 28, 2006 Secretary of State

Entity Name: DISTRICT 6990 ROTARY ELDER PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business: 4000 PONCE DE LEON BLVD., SUITE 470 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 4000 PONCE DE LEON BLVD., SUITE 470 CORAL GABLES, FL 33146 FEI Number: 43-2010855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRESCOTT, DRUCKER, & VASALLO, PL 2605 PONCÉ DE LEON BLVD CORAL GABLES, FL 33134 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ANDERSON, FRED Name: Name: 1200 S. FEDERAL HWY. Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33316 City-St-Zip: Title: Title: () Delete () Change () Addition MARTIN, JACK Name: Name: Address: 4000 PONCE DE LEON BLVD., STE. 470 Address: City-St-Zip: MIAMI, FL 33146 City-St-Zip: Title: () Delete Title: (X) Change () Addition GROSS, JORGE A Name: SHELLEY, ROBERT J Name: 200 SOUTH BISCAYNE BLVD., SUITE 700 Address: Address: 1080 LUGO AVENUE City-St-Zip: MIAMI, FL 33131 City-St-Zip: CORAL GABLES, FL 33146 Title: () Delete Title: () Change () Addition JACKSON, FREDRICK JR. Name: Name: 13633 DEERING BAY DR. Address: Address: City-St-Zip: CORAL GABLES, FL 33158 City-St-Zip: Title: () Delete Title: () Change () Addition LANDON, R. KIRK Name: Name: 255 ALHAMBRA CIR., SUITE 820 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: (X) Change () Addition REED, GRETA VERSE, SELMA Name: Name: Address: 3400 DEVON RD. Address: 5081 SE BURNING TREE COURT COCONUT GROVE, FL 33133 STUART, FL 34997 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK MARTIN P 04/28/2006