

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004808	
1. Entity Name MIAMI LAKES ROTARY CHARITABLE FOUNDATION, INC.	

Principal Place of Business 4000 NW 30TH AVE MIAMI, FL 33142	Mailing Address 15476 NW 77 CT PMB 188 MIAMI LAKES, FL 33016
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04272006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0146548	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COX, PAUL Z 5979 NW 151 ST #110 MIAMI LAKES, FL 33014

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

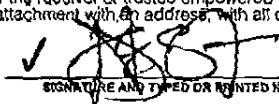
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000549895
05/13/06-90039-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDWELL, MARK 14800 LUDLAM RD MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAPLEFORD, HARRY 15476 NW 77 CT PMB 188 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARON, JOHN 2270 W 78 ST HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUBBS, JANE 15476 NW 77 CT PMB 188 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LICHTMAN, RANDY 8491 SW 85 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, PAUL 5979 NW 151 ST #110 MIAMI LAKES, FL 33014

**DO NOT WRITE
IN THIS SPACE**

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:  **2/28/06** **305-204-2843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #