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	Mailing Address
4000 NW 30TH AVE MIAMI, FL 33142	15476 NW 77 CT PMB 188 MIAMI LAKES, FL 33016

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000549895
05/13/06-80039-007 150.00

10. OFFICERS AND DIRECTORS

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

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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: ✓ _____ ✓ 4/28/06 ✓ 305-2854 2843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #