

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90096 022 \*\*\*150.00

<b>DOCUMENT # N03000010631</b>					
<b>1. Entity Name</b> ROTARY STUDENT VISITORS PROGRAM OF DISTRICT 6990, INC.					
<b>Principal Place of Business</b> 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130			<b>Mailing Address</b> 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03252005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 20-0471244				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FREED, OWEN S 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<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 _____ (NOTE: Registered Agent signature required when re-registering)    DATE _____					
<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>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>SIMON, ROBERT C</del> <input checked="" type="checkbox"/> Delete 4240 NORTH EAST 26TH TERRACE LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    Owen S. Freed <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 150 W. Flagler St, Suite 2 Miami, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    BENSON, ROLAND J <input type="checkbox"/> Delete 303 S.E. 17TH STREET FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    Tom Burnaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2000 LAKE POINT Dr Weston, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>PARKER, GARTH R</del> <input checked="" type="checkbox"/> Delete 12804 DEVA STREET CORAL GABLES, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    Jack Martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4000 Ponce de Leon Blvd Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>HINKLE, DARRYL L</del> <input checked="" type="checkbox"/> Delete 4151 NORTH EAST 22ND TERRACE LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.    James R. Wiggins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14500 S.W. 84 Avenue Palmetto Bay, FL 33158	
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	
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	
<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> <i>[Signature]</i>			Owen S. Freed, Director    305-789-3456		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		