

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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1. Entity Name
**ROTARY STUDENT VISITORS PROGRAM OF DISTRICT
6990, INC.**



Principal Place of Business
**150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130**

Mailing Address
**150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130**



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0471244

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREED, OWEN S
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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**

**U00000423787
02/18/06-80024-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREED, OWEN S
STREET ADDRESS	150 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	BENSON, ROLAND J
STREET ADDRESS	303 S.E. 17TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	MARTIN, JACK
STREET ADDRESS	4000 PONCE DE LEON BLVD
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	D
NAME	WIGGINS, JAMES R
STREET ADDRESS	14500 SW 84TH AVE
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	D
NAME	BURNAV, TOM
STREET ADDRESS	2000 LALE POINT DR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #