
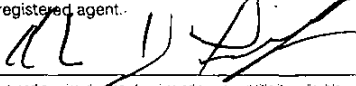
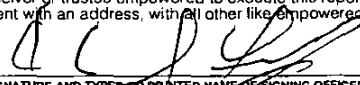


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90095 003 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # N03000010631					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
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
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 		OWEN S. FREED		5/10/07	
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 September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREED, OWEN S	NAME			
STREET ADDRESS	150 W FLAGLER ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENSON, ROLAND J	NAME			
STREET ADDRESS	303 S.E. 17TH STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, JACK	NAME			
STREET ADDRESS	4000 PONCE DE LEON BLVD	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33146	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIGGINS, JAMES R	NAME			
STREET ADDRESS	14500 SW 84TH AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTON, JIM	NAME			
STREET ADDRESS	210 CAMERON COURT	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		OWEN S. FREED		305-789-3556	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

4011302

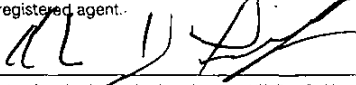


05082007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0471244 Applied For Not Applicable

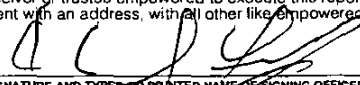
5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
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