


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90031 030 ****70.00

DOCUMENT # N04000000291 1. Entity Name DONALD LEE ROWLAND FOUNDATION, INC.					
Principal Place of Business 3613 SW 17TH ST MIAMI, FL 33145			Mailing Address 3613 SW 17TH ST MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 13265 VENNETTA WAY		3. Mailing Address 13265 VENNETTA WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINDERMERE, FL		City & State WINDERMERE, FL		4. FEI Number 20-0592909	
Zip 34786		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, ROBERT L JR. 390 N. ORANGE AVENUE, SUITE 1500 ORLANDO, FL 32801.			7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROWLAND, MARSHA KAY 11200 SW 108 COURT MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROWLAND, BRETT ASHLEY 3613 SW 17TH ST MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROWLAND, BRETT ASHLEY 13265 VENNETTA WAY WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWLAND, JULIE E 2168 SW 23RD ST MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	
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"/> Additio	
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"/> Additio	
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"/> Additio	

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.