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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N14395 (0)**

1. Corporation Name

ROTARY CLUB OF MIAMI LAKES, INC.

Principal Place of Business

Mailing Address

15505 BULL RUN ROAD #266
MIAMI LAKES FL 33014
US15505 BULL RUN ROAD #266
MIAMI LAKES FL 33014-7004
US3. Date Incorporated or Qualified
04/16/19863a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

SCHERMAN, PAUL I.
1840 WEST 49TH STREET
STE.510
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPAND, ROBERT	
STREET ADDRESS	8330 MENTEITH TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORWARD E. C. DEAN	
STREET ADDRESS	2470 N.W. 108 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOSEPH H. WILLIAMS	
STREET ADDRESS	2119 NORTH 32 COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SNYDER, ROBERT	
STREET ADDRESS	7340 SW 10TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAUL F. LEADER	
STREET ADDRESS	8832 N.W. 194 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEDWIDGE, TOM	
STREET ADDRESS	6175 NW 153 ST., STE. 720	
CITY-ST-ZIP	MIAMI FL 33014	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SINGER, LAWRENCE E.	
1.3 STREET ADDRESS	1471 S.W. 159 AVENUE	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 30027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLAKE, JANET S.	
2.3 STREET ADDRESS	6014 N.W. 75th Court	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARRON, BARBARA	
3.3 STREET ADDRESS	6870 MIAMI LAKES DRIVE	
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DOTEN, VALERIE ANN	
4.3 STREET ADDRESS	7644 HARBOR BOULEVARD	
4.4 CITY-ST-ZIP	MIRAMAR, FL 33023	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SPANO, ROBERT	
5.3 STREET ADDRESS	8330 MENTEITH TERRACE	
5.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SNYDER, ROBERT	
6.3 STREET ADDRESS	7340 S.W. 10th TERRACE	
6.4 CITY-ST-ZIP	MIAMI, FL	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Jan 97

(305) 871-3277

Date

Daytime Phone # 0023167

CR2E037 (9/96)