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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14395

1. Corporation Name

ROTARY CLUB OF MIAMI LAKES, INC.

Principal Place of Business

15476 NW 77TH CT. #188
MIAMI LAKES FL 33016
US

Mailing Address

15476 NW 77TH CT. #188
MIAMI LAKES FL 33016
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/16/1986

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

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	P	<input type="checkbox"/> DELETE
NAME	BARON, BARBARA H	
STREET ADDRESS	6870 MIAMI LAKES DR.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSTON, ROSS M.	
STREET ADDRESS	1000 QUAYSIDE TERR. #1412	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, PETER V.	
STREET ADDRESS	10442 SW 41ST ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOTEN, VALERIE ANN	
STREET ADDRESS	7644 HARBOR BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPANO, ROBERT	
STREET ADDRESS	8330 MENTEITH TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, ROBERT	
STREET ADDRESS	7340 SW 107TH TERR.	
CITY-ST-ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ross M. Johnston	
1.3 STREET ADDRESS	1000 Quayside Terr. #1412	
1.4 CITY-ST-ZIP	Miami, FL 33138	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Martin D. Simonoff	
2.3 STREET ADDRESS	8564 N.W. 165 Terr.	
2.4 CITY-ST-ZIP	Miami Lakes, FL 33016	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martin C. Taylor	
3.3 STREET ADDRESS	17941 S.W. 27 St.	
3.4 CITY-ST-ZIP	Miramar, FL 33029	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jeff Kokdemir	
5.3 STREET ADDRESS	7386 Big Cypress Dr.	
5.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Barbara H. Baron	
6.3 STREET ADDRESS	6870 Miami Lakes Dr.	
6.4 CITY-ST-ZIP	Miami Lakes FL 33014	

14. 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 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, with all other like empowered.

SIGNATURE:

Barbara H. Baron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 305-827-3697
Date Daytime Phone #

CR2E037 (11/98)