


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-12-2004 90041 023 ****61.25

DOCUMENT # N14395 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARCUS, RICHARD S 4000 NW 30TH AVE MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004			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			12. 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 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.		
TITLE PD NAME MARCUS, RICHARD STREET ADDRESS 8564 NW 165TH TERR CITY-ST-ZIP MIAMI LAKES, FL 33016			TITLE PD NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VPD NAME BARON, JOHN W STREET ADDRESS 6870 MIAMI LAKES DR. CITY-ST-ZIP MIAMI LAKES, FL 33014			TITLE PD NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S NAME CALDWELL, REV. MARK STREET ADDRESS 14500 HARRIN PLACE CITY-ST-ZIP MIAMI LAKES, FL 33014			TITLE SD NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T NAME BARON, JOHN W STREET ADDRESS 6870 MIAMI LAKES DR. CITY-ST-ZIP MIAMI LAKES, FL 33014			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME BARON, JOHN W STREET ADDRESS 2270 W 78 ST CITY-ST-ZIP HIALEAH, FL 33016			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PD NAME MARCUS, RICHARD STREET ADDRESS 400 NW 30TH AVE CITY-ST-ZIP MIAMI, FL 33140			TITLE TD NAME Peter V. Rodriguez STREET ADDRESS 14941 SW 31 Street CITY-ST-ZIP Davie FL 33331		
SIGNATURE: <i>John W. Baron</i> President			Date: <i>3/9/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>John W. BARON</i>			Daytime Phone #		