


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90197 017 \*\*\*\*61.25

<b>DOCUMENT # N14395</b> 1. Entity Name <b>ROTARY CLUB OF MIAMI LAKES, INC.</b>					
Principal Place of Business <b>15476 NW 77TH CT. #188</b> <b>MIAMI LAKES, FL 33016 US</b>			Mailing Address <b>15476 NW 77TH CT. #188</b> <b>MIAMI LAKES, FL 33016 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARCUS, RICHARD S</b> <b>4000 NW 30TH AVE</b> <b>MIAMI, FL 33142</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARON, JOHN W</b>		NAME		
STREET ADDRESS	<b>6870 MIAMI LAKES DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STAPLEFORD, HARRY</b>		NAME		
STREET ADDRESS	<b>14434 GLENCAIRN ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LIGHTMAN, RANDY</b>		NAME	<b>PD</b>	
STREET ADDRESS	<b>8491 SW 85 STREET</b>		STREET ADDRESS	<b>Brimo, Steve</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>		STREET ADDRESS	<b>15476 NW 77 CT #188</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Miami Lakes, FL 33016</b>	
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		
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		
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:** John W. Baron, Treasurer 4/24/07 (305) 362-6034  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #