

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15724

FILED
Jan 05, 2004
Secretary of State

Entity Name: ROTARY CLUB OF KEY BISCAYNE FOUNDATION, INC.

Current Principal Place of Business:

240 CRANDON BLVD
STE 202
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 1250
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 58-7161019 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROOKES, ROBERT L
701 BRICKELL AVENUE 1250
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDSTEIN, JULIAN
Address: 240 CRANDON STE. 201
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: BROOKES, ROBERT L
Address: 701 BRICKELL AVENUE, SUITE 1250
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: BETTANCOURT, DIEGO
Address: 260 CRANDON BLVD, #32
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD () Delete
Name: LANCASTER, KENNETH
Address: 50 WEST MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. BROOKES

TD

01/05/2004

Electronic Signature of Signing Officer or Director

Date