

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15724

FILED  
May 06, 2008  
Secretary of State

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

**Current Principal Place of Business:**

50 WEST MASHTA DR  
SUITE #6  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

8200 NW 33 STREET  
SUITE 400  
MIAMI, FL 33122 US

**New Mailing Address:**

**FEI Number:** 58-7161019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BROOKES, ROBERT L  
8200 NW 23 STREET  
SUITE 400  
MIAMI, FL 33122 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: 2730 SW 3RD AVE #203  
City-St-Zip: MIAMI, FL 33129

Title: PD ( ) Delete  
Name: LANCASTER, KENNETH CPA  
Address: 50 WEST MASHTA DR #6  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD ( ) Delete  
Name: BROOKES, ROBERT  
Address: 8200 NW 33 ST, SUITE #400  
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Delete  
Name: BETTANCOURT, DIEGO  
Address: 260 CRANDON BLVD #32  
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 exemption stated 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 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

05/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date