2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# N15724

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:

8200 NW 33RD STREET
SUITE #400
MIAMI, FL 33122 US

Current Mailing Address:

8200 NW 33 STREET
SUITE 400
MIAMI, FL 33122 US

New Mailing Address:

8200 NW 33RD STREET
SUITE #400
MIAMI, FL 33122 US

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: PD (X) Change ( ) Addition
Name: COOPER, BONNIE ESQ.
Address: 50 WEST MASHTA DR #4
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: D (X) Change ( ) Addition
Name: WEISSON, RUBEN
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 4500
City-St-Zip: MIAMI, FL 33131

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 07/07/2009
Electronic Signature of Signing Officer or Director — Date