

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16139 (0)

1. Corporation Name

THE MIAMI-NORLAND ROTARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 680-174
MIAMI FL 33168

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MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1986

3a. Date of Last Report

08/25/1994

4. FEI Number

59-2713154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACKERS, TYRONE K.
211380 NORTHWEST 27 AVENUE
SUITE 1382
MIAMI FL 33167

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11380 NW 27 Avenue

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Tyrone K. Backers

01-17-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BACKERS, TYRONE K.
STREET ADDRESS	11380 NORTHWEST 27 AVENUE, SUITE 1382
CITY, ST, ZIP	MIAMI FL
TITLE	P
NAME	BERGER, WILLIAM B
STREET ADDRESS	9301 N.W. 18TH ST.
CITY, ST, ZIP	PLANTATION FL 33322
TITLE	D
NAME	KEMP, STUART
STREET ADDRESS	15476 NW 77TH CT. #348
CITY, ST, ZIP	MIAMI LAKES FL 33014
TITLE	T
NAME	MORRISON, LINCOLN
STREET ADDRESS	8533 MIRAMAR PKY.
CITY, ST, ZIP	MIRAMAR FL 33025
TITLE	S
NAME	BURKE, ELBE
STREET ADDRESS	1110 N.E. 183RD ST., #202
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33162
TITLE	D
NAME	MOLINA, LOUIS
STREET ADDRESS	115 NW 169TH TERRACE
CITY, ST, ZIP	MIAMI FL

11 TITLE	☐ Change ☐ Addition
12 NAME	northwest
13 STREET ADDRESS	MIAMI, FLA. 33107
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	17050 NE 14 Ave
23 STREET ADDRESS	N Miami Beach 33162
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	6013 NW 167 St 407
43 STREET ADDRESS	MIAMI 33015
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	6013 NW 167 St 407
53 STREET ADDRESS	MIAMI 33015
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	Molina, (Luis)
63 STREET ADDRESS	115 NW 169th St.
64 CITY, ST, ZIP	N. Miami Beach 33169

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tyrone K. Backers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-95

705-237-1634

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