

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N16139 (0)**  
1. Corporation Name  
**THE MIAMI-NORLAND ROTARY FOUNDATION, INC.**



Principal Place of Business  
**P.O. BOX 680-174  
MIAMI FL 33168**

Mailing Address  
**P.O. BOX 680-174  
MIAMI FL 33168**

3. Date Incorporated or Qualified  
**07/30/1986**

3a. Date of Last Report  
**05/01/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**BACKERS, TYRONE K.  
11380 NW 27 AVENUE  
SUITE 1382  
MIAMI FL 33167**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BACKERS, TYRONE K.</b>	
STREET ADDRESS	<b>11380 NORTHWEST 27 AVENUE, SUITE 1382</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGER, WILLIAM B</b>	
STREET ADDRESS	<b>17050 NE 19 AVE</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33162</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KEMP, STUART</b>	
STREET ADDRESS	<b>15476 NW 77TH CT. #348</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRISON, LINCOLN</b>	
STREET ADDRESS	<b>6073 NW 167 ST #C7</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BURKE, ELBE</b>	
STREET ADDRESS	<b>6073 NW 167 ST #C7</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOLINA, LUIS</b>	
STREET ADDRESS	<b>115 NW 167TH ST</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33169</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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(3)(k), Florida Statutes. I further certify that the information indicated 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; 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

Daytime Phone #

CR2E037 (12/95)