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CORPORATION
ANNUAL REPORT
1995



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

FILED
95 MAY -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16395 (8)**

1. Corporation Name
~~SOUTHWEST MIAMI KENDALL ROTARY CLUB, INC.~~
MIAMI DADELAND ROTARY CLUB, INC.

Principal Place of Business Mailing Address
9350 S DIXIE HIGHWAY, SUITE 950 MIAMI FL 33156
11820 S.W. 91 TRAIL MIAMI, FL 33186

2. Principal Place of Business 2a. Mailing Address
21 **11820 S.W. 91 TRAIL** 26 **11820 S.W. 91 TRAIL**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI FL** 27 **MIAMI, FL**
City & State City & State
23 **MIAMI FL** 28 **MIAMI, FL**
Zip Country Zip Country
24 **33186** 25 **USA** 29 **33186** 30 **USA**

DO NOT WRITE IN THIS SPACE
3. Date incorporated or Qualified **08/18/1986** 3a. Date of Last Report **06/27/1994**
4. FEI Number **65-0224217** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75** 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

9. Name and Address of Current Registered Agent
BROWN, RICHARD M.
9350 S DIXIE HIGHWAY, SUITE 950
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **MIAMI, FL 33186**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when transferring. DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | PD |
| NAME | SAUNDERS, SANDY JR |
| STREET ADDRESS | 10100 SW 63RD PLACE |
| CITY ST ZIP | MIAMI FL |
| TITLE | D |
| NAME | TUTTLE, WILLIAM |
| STREET ADDRESS | 9720 SW 142ND DRIVE |
| CITY ST ZIP | MIAMI FL |
| TITLE | SD |
| NAME | FAERBER, RANDOLPH |
| STREET ADDRESS | 14717 S W 110 TERRACE |
| CITY ST ZIP | MIAMI FL |
| TITLE | TD |
| NAME | HULL, CHARLES |
| STREET ADDRESS | 8950 SW 83RD STREET |
| CITY ST ZIP | MIAMI FL |
| TITLE | VD |
| NAME | LIEBERMAN, RON |
| STREET ADDRESS | 9350 S. DIXIE HWY. PH |
| CITY ST ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MORRIS REGO | |
| 1.3 STREET ADDRESS | 13225 S.W. 69 TRAIL | |
| 1.4 CITY ST ZIP | MIAMI FL 33183 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LOUIS G. JOHNS | |
| 2.3 STREET ADDRESS | 11820 S.W. 91 TRAIL | |
| 2.4 CITY ST ZIP | MIAMI, FL 33186 | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | WILLIAM BORONSKI | |
| 3.3 STREET ADDRESS | 791 N.W. 12 AVE. | |
| 3.4 CITY ST ZIP | DADE, FL 33004 | |
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | JACQUELYN JOHNS | |
| 4.3 STREET ADDRESS | 11820 S.W. 91 TRAIL | |
| 4.4 CITY ST ZIP | MIAMI, FL 33186 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY ST ZIP | | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | IRA JEAN HORNITZ | |
| 6.3 STREET ADDRESS | 12101 SW 110 AVE | |
| 6.4 CITY ST ZIP | MIAMI, FL 33176 | |

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 130.07(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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jacquelyn Johns** **4/28/95 (305) 670-4408**
SIGNATURE AND TITLE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Telephone Area Code)