


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N16395**  
 1. Entity Name  
**MIAMI DADELAND ROTARY CLUB, INC.**



Principal Place of Business <b>10500 SW 96 TERRACE          MIAMI, FL 33176 US</b>	Mailing Address <b>10500 SW 96 TERRACE          MIAMI, FL 33176 US</b>
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**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0224217</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BRAIL, NEVEN  
 10500 SW 96 TERRACE  
 MIAMI, FL 33176**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAIL, NEVEN 10500 SW 96 TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARGER, KATHY 9816 SW 193 STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERMAN, RON 10625 SW 100 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000930145  
 05/21/08-80096-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other, duly empowered.

**SIGNATURE:** NEVEN BRAIL **NEVEN BRAIL** 4/28/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #