

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16395

FILED  
May 26, 2009  
Secretary of State

**Entity Name:** ROTARY CLUB OF MIAMI DADELAND PINECREST, INC.

**Current Principal Place of Business:**

12101 SW 101ST AVE  
MIAMI, FL 33176 US

**New Principal Place of Business:**

12101 SW 110TH AVE  
MIAMI, FL 33176 US

**Current Mailing Address:**

12101 SW 101ST AVE  
MIAMI, FL 33176 US

**New Mailing Address:**

12101 SW 110TH AVE  
MIAMI, FL 33176 US

**FEI Number:** 65-0224217 **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:**

SIMONS, BARRY  
9100 S. DADELAND BLVD. #400  
MIAMI, FL 33156 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: PD ( ) Delete  
Name: HORWITZ, IIAJEAN  
Address: 12101 SW 101ST AVE  
City-St-Zip: MIAMI, FL 33176 US

Title: VD ( ) Delete  
Name: STEPHEN, JOE  
Address: 5121 SW 151 PLACE  
City-St-Zip: MIAMI, FL 33185

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HORWITZ, IIAJEAN  
Address: 12101 SW 110TH AVE  
City-St-Zip: MIAMI, FL 33176 US

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

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: BARRY L SIMONS

RA

05/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date