## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2007 8:00 am Secretary of State DOCUMENT # N16702 1. Entity Name 02-14-2007 90056 020 \*\*\*\*61.25 ROTARY CLUB OF HIALEAH MIAMI SPRINGS, INC. Principal Place of Business Mailing Address PO BOX 111635 HIALEAH FL 33011 166 HIALEAH DR HIALEAH FL 33010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 69-1043861 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YERMACK, JOHN Street Address (P.O. Box Number is Not Acceptable) 1695 W 39TH PL HIALEAH FL 33012 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to $\Box$ Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TIRE $\mathbf{P}$ **XXXX**nange ☐ Addition NAME THOMPSON, POLLY **EDGAR CAMPOS** STREET ADDRESS STREET ADDRESS 560 NIGHTINGALE AVE 12900 SW 100 AVE CHY-SI-7IP **MIAMI FL 33166** CITY+ST-7IP MIAMI FL 33176 ☐ Delete HILE ☐ Change XXX Addition VP NAME CHEETHAM, BOB NAME MARJORIE PALMER STREET ADDRESS 2095 W 76 ST STREET ADDRESS 141 PALMETTO DRIVE CITY - ST - ZIP CITY-ST-ZIP HIALEAH FL 33016 MIAMI SPRINGS FL 33166 XXX Delete mu THTE: Change ☐ Addition NAME NAMI LATCH, PAUL STREET ADDRESS STREET ADDRESS 125 HUNTINGLODGE DR CHY-ST-ZIP CITY-S1-71P MIAMI SPRINGS FL 33166 Delete Change DITE TIME Addition NAME NAME SENITA, GAIL STREET ADDRESS STREET ADDRESS 7930 SW 15 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** ☐ Delele TITLE ☐ Change ☐ Addition NAME BOWEIN, SHERRYL B NAME 288 POCATELLA ST STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY+ST-ZIP MIAMI SPRINGS FL 33166 XXX Delete ☐ Change DITE THIE Addition NAME NAME CAMPOS, EDGAR STREET ADDRESS STREET ADDRESS 12900 S.W. 100 AVE CITY-ST-ZIP MIAMI FL 33176

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: SHERRYL SHERRYL SIGNATURE and TYPED OF FRANCED NAME OF SIGNING OFFICER OR DIRECTOR

B BOWEIN 2/5/07

Date

305-883-0883

Daytime Phone #

FILED