## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16702

FILED Jan 16, 2009 Secretary of State

Entity Name: ROTARY CLUB OF HIALEAH MIAMI SPRINGS, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
166 HIALEA HIALEAH, F		US				
Current Mailing Address:			New Mailir	New Mailing Address:		
PO BOX 11 HIALEAH, F		US				
FEI Number:	69-1043861	FEI Number Applied For ( )	El Number Not Appli	Dlicable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
YERMACK 1695 W 39 HIALEAH, F	TH PL FL 33012	US	oso of changing it	its registered office or registered agent, or bot	h	
in the State		y submits this statement for the purp	ose of changing it	its registered office of registered agent, or both	11,	
SIGNATUR					_	
	Electro	onic Signature of Registered Agent		Date		
OFFICERS	AND DIRE	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	DRS:	
Title: Name: Address: City-St-Zip:	D ( THOMPSON, 560 NIGHTIN MIAMI, FL 33	GALE AVE	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	D ( CHEETHAM, 2095 W 76 S HIALEAH, FL	Т	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PALMER, MA 141 PALMET		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition PALMER, MAJORIE 141 PALMETTO DRIVE MIAMI SPRINGS, FL 33166		
Title: Name: Address: City-St-Zip:	S SENITA, GAII 7930 SW 15 MIAMI, FL 33	ST	Title: Name: Address: City-St-Zip:	S (X) Change () Addition GARTON, SYDNEY A 464 MINOLA DRIVE MIAMI SPRINGS, FL 33166		
Title: Name: Address: City-St-Zip:	BOWEIN, SH 288 POCATE		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P CAMPOS, ED 12900 S.W. 7 MIAMI, FL 33	100 AVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SPANGENBERT, JENS 1131 QUAIL AVE MIAMI SPRINGS, FL 33166		

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: SHERRYL B BOWEIN T 01/16/2009