

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90125 002 ****61.25

DOCUMENT # N35945

1. Corporation Name

PERRINE-CUTLER RIDGE ROTARY CLUB FOUNDATION, INC

Principal Place of Business

17415 S. DIXIE HIGHWAY
MIAMI FL 33157-5434
US

Mailing Address

17415 S. DIXIE HIGHWAY
MIAMI FL 33157-5434
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/28/1989

4. FEI Number

23-7101136

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election: Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

LUDOVICI, EDWARD P., ESQ.
17415 S. DIXIE HWY.
MIAMI FL 33157

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TEMPLE, GENE
STREET ADDRESS 18465 SW 92 COURT
CITY-ST-ZIP MIAMI FL ☒ DELETETITLE VPD
NAME MARIA COLLINS
STREET ADDRESS 7417 SW 140 COURT
CITY-ST-ZIP MIAMI FL ☐ DELETETITLE SD
NAME BRODES HARTLEY
STREET ADDRESS 7800 SW 170 STREET
CITY-ST-ZIP MIAMI FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D ☐ Change ☒ Addition
1.2 NAME Tom Taulbee
1.3 STREET ADDRESS 900 Perrine Ave.
1.4 CITY-ST-ZIP Miami, FL 331572.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE V/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE T/D ☐ Change ☒ Addition
4.2 NAME Joey Mettley
4.3 STREET ADDRESS 9125 SW 173 St.
4.4 CITY-ST-ZIP Miami FL 331575.1 TITLE V/D ☐ Change ☒ Addition
5.2 NAME Hector Colon
5.3 STREET ADDRESS 13661 SW 101 Ave.
5.4 CITY-ST-ZIP Miami FL 331766.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Collins REQUIRED Collins

4/20/99

305-387-6874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0032637