

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT # N35945**

1. Corporation Name

PERRINE-CUTLER RIDGE ROTARY CLUB FOUNDATION, INC

Princip	al	Place	of Busines
17415 MIAMI	Τ.		HIGHWAY 7-5434
110			

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

17415 S. DIXIE HIGHWAY MIAMI FL 33157-5434

2a. Mailing Address

Suite, Apt. #, etc.

## FILED Apr 27, 1999 8:00 am § Secretary of State

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



3. Date Incorporated or Qualifed

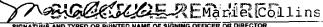
12/28/1989 4. FEI Number

23-7101136

City & State	9	City & State			5. Certificate of Status Desired		\$8.75 A	
23		28					Fee Re	<u>-</u>
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	
24		29	30		Trust Fund Contribution		Added to	o Fees
	9. Name and Address of 0	Current Registered Agent		r	10. Name and Address of New	Registered A	gent	
			81	Name				
LUDOVICE	, EDWARD P., ESQ.		82	Street	Address (P.O. Box Number is Not Accept	table)		
	DIXIE HWY.					·····		
MIAMI FL			83					
	••••		84	City			85 Zip C	Cr de
						FL	ll.	
11. Pursuant	to the provisions of Sections 6	17.0502 and 617.1508, Florida Statu	ites, the abov	e-named	corporation submits this statement for the	e purpose of o	hanging its	registered
office or n	egistered agent or hoth in the	State of Florida. Such change was obligations of, Section 617.0503, Fl	authorized by	the corpo	oration's board of directors. I hereby acce	spr me appoin	ment as re	Jistered
_	ili latililat with, and accept the	obligations of Section 617.5550, 11	0,100 0101010	•				
SIGNATURE	Signature, typed or printed nan e of registe	ered agent and title if applicable. (NOT	TE: Registered Age	nt signature r	equi ed when reinstating)	DATE		
12.	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS # NI		
TITLE	PD	☑ DELETE	1.1 TITLE		S/D		Change	Addition
NAME	TEMPLE, GENE		1.2 NAME		Tom Taulbee			
STREET ADDRESS:	18465 SW 92 COURT		1.3 STREE	T ADDRESS	900 Perrine Ave.			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP	Miami, FL <u>33157</u>			
TITLE	VPD	☐ DELETE	2.1 TITLE		P/D		Change	☐ Addition
NAME	MARIA COLLINS		2.2 NAME		1 7 5			
STREET ADDRESS	7417 SW 140 COURT		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-5	ST-ZIP				
TITLE	SD	DELETE	3 † TITLE		W/D		Change _	Addition
NAME	BRODES HARTLEY		3.2 NAME		V/D			
STREET ADDRESS	7800 SW 170 STREET		3.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		T/D		☐ Change	Addition .
NAME			4. 2 NAME		Joey Metaley			
STREET ADDRESS			4.3 STREE	TADDRESS	9125 SW 173 St.			
CITY-ST-ZIP			4.4 City-S	T-ZIP	Miami FI. 33157			
TITLE		☐ DELETE	5.1 TITLE		V/D		☐ Change	Addition
NAME			5.2 NAME		l '			
STREET ADDRESS			5.3 STREE	TADORESS	Hector Colon			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	13661 SW 101 Ave.			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS	)			
			6.4 CITY- S	T-ZIP				
CITY-ST-ZIP	<u> </u>				d in Carting 110 07(2Vi) Florida Statutos	1.6	· 6 . 44 . 4 41	<u> </u>

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:



4/20/99

305-387-6874

Applied For

Not Applicable