
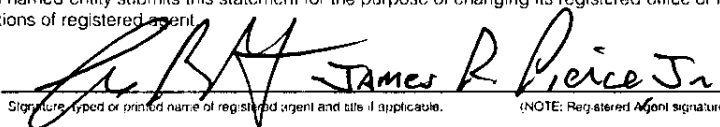
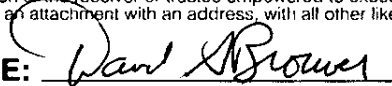


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90001 028 \*\*\*\*61.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N41501</b><br>1. Entity Name<br><b>ROTARY CLUB OF HOMESTEAD, INC.</b>  |   |   |   |    |  |
| Principal Place of Business<br><b>15600 SW 288TH ST STE 403<br/>HOMESTEAD FL 33033</b>   |   |   | Mailing Address<br><b>P.O. BOX 901215<br/>HOMESTEAD FL 33090<br/>US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>59-6155191</b>  |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PASTRAN, DEBORAH K<br/>333 NE 8 STREET<br/>HOMESTEAD FL 33030</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>PIERCE, JAMES</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>48 NE 15 STREET</b><br>City <b>HOMESTEAD</b> FL Zip Code <b>33030</b> |  |
| 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  <b>James R. Pierce Jr.</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   | DATE <b>8/25/08</b>   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By September 3, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to<br/>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>TIETIG, ERIK<br>16300 SW 184 ST<br>MIAMI FL 33187                      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | D<br>DOUGHERTY, CHRIS<br>29120 S. FEDERAL HWY<br>HOMESTEAD FL 33030   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>JONES, MARGARET B<br>1780 N KROME AVE<br>HOMESTEAD FL 33030            | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | PELE<br>MELARA, LOUIS<br>690 N. HOMESTEAD BLVD<br>HOMESTEAD FL 33030  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PELE<br>SCHRAMM, THOMAS<br>160 NW 13TH ST<br>HOMESTEAD FL 33030             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | PRES<br>SCHRAMM, THOMAS<br>SAME   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RICHARDSON, MICHAEL<br>43 N. KROMA AVE.<br>HOMESTEAD FL 33030          | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | D<br>TOROK, TIBOR<br>19345 SW 312 STREET<br>HOMESTEAD FL 33030  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>HELMS, JENNIFER<br>166 NW 19 STREET<br>HOMESTEAD FL 33030              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BROUWER, DAVID<br>15600 SW 288 STREET, SUITE 403<br>HOMESTEAD FL 33033 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered. |   |   |   |   |  |
| SIGNATURE:  <b>David G. Brouwer Treasurer</b> 6/10/08 305-245-2627  |   |   |   |   |  |