

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51408

FILED
Apr 23, 2009
Secretary of State

Entity Name: ROTARY FOUNDATION OF SOUTH MIAMI, INC.

Current Principal Place of Business:

% DAVID JACOBS
6401 SW 87 AVENUE, #204
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

% DAVID JACOBS
6401 SW 87 AVENUE, #204
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0366159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, DAVID
6401 SW 87TH AVENUE
SUITE 204
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: REITNAUER, DOREEN
Address: 15100 SW 71 COURT
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: BOOK, ELLEN
Address: 2706 NORTH GREENWAY DRIVE
City-St-Zip: MIAMI, FL 33134

Title: VP () Delete
Name: KAPLAN, LINDA
Address: 9500 S DADE;AMD B;VD STE 703
City-St-Zip: MIAMI, FL 33156

Title: P () Delete
Name: MILLS, MICHAEL
Address: 13275 S.W. 102 STREET
City-St-Zip: MIAMI, FL 33186

Title: T (X) Delete
Name: STREAKER, M.D.
Address: 7920 SW 154TH TERR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FERNANDEZ, FABIO
Address: 2843 S. BAYSHORE DR.
City-St-Zip: MIAMI, FL 33133

Title: T (X) Change () Addition
Name: STREAKER, DONALD M
Address: 7920 SW 154TH TERR
City-St-Zip: MIAMI, FL 33157

Title: P (X) Change () Addition
Name: ENRIGHT, WILLIAM
Address: 242 SW 182
City-St-Zip: HOMESTEAD, FL 33031

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD M. STREAKER

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04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date