

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008058

Entity Name: HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.**FILED**
Jan 12, 2018
Secretary of State
CC0875028150**Current Principal Place of Business:**166 HIALEAH DR
HIALEAH, FL 33010**Current Mailing Address:**P O BOX 111635
HIALEAH, FL 33010**FEI Number: 65-1065383****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**YERMACK, JOHN
166 HIALEAH DRIVE
HIALEAH, FL 33010 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	MILLS, JAMES S JR
Address	651 PLOVER AVE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	D
Name	PALMER, MARJORIE E
Address	449 SWALLOW DRIVE #6
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	VP
Name	YECKE GUDE, ANASTASIA
Address	990 N ROYAL POINCIANA BLVE.
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	DIRECTOR
Name	CARMODY, NANETTE
Address	651 PLOVER AVE
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	T
Name	BOWEIN, SHERRYL
Address	288 POCATELLA ST
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	D
Name	CHEETHAM, ROBERT
Address	6914 HOLLY ROAD
City-State-Zip:	MIAMI LAKES FL 33014

Title	PRESIDENT
Name	VOYE, NANCY L
Address	611 NIGHTINGALE AVE.
City-State-Zip:	MIAMI SPRINGS FL 33166

Title	DIRECTOR
Name	HOLDEN, FRANCIS E
Address	166 HIALEAH DR
City-State-Zip:	HIALEAH FL 33010

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I hereby 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 all other like empowered.

SIGNATURE: SHERRYL B BOWEIN**TREASURER****01/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PONS, ELAINE J
Address 441 SWALLOW DRIVE #10
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR
Name KENNEY, JOHN
Address 136 NE 96TH ST
City-State-Zip: MIAMI FL 33138