

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008058

Entity Name: HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.**FILED**
Feb 07, 2019
Secretary of State
0475037562CC**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 T
Name BOWEIN, SHERRYL
Address 288 POCATELLA ST
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 D
Name CHEETHAM, ROBERT
Address 6914 HOLLY ROAD
City-State-Zip: MIAMI LAKES FL 33014

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

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

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

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

Continues on page 2

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****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name JONES, ANGIE
Address 451 CRESCENT DR
#2
City-State-Zip: MIAMI SPRINGS FL 33166