## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006634

FILED Jaņ 15, 2<u>00</u>8 Secretary of State

Entity Name: THE ROTARY CLUB OF ANNA MARIA ISLAND INC.

**New Principal Place of Business: Current Principal Place of Business:** 5312 MARINA DR HOLMES BEACH, FL 34217 **Current Mailing Address: New Mailing Address:** P.O. BOX 1344 HOLMES BEACH, FL 34218 FEI Number: 59-6209578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MISNER, EDWARD MISNER, EDWARD 738 JACÁRANDA RD 738 JACARANDA RD P.O. BOX 4335 ANNA MARIA, FL 34216 US ANNA MARIA, FL 34216 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: 01/15/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition SCHLUETER, PAM Name: Name: Address: 603 MILL RUN EAST Address: City-St-Zip: BRADENTON, FL 34212 City-St-Zip: Title: () Delete Title: () Change () Addition SESTERHENN, BIRGIT Name: Name: Address: 5312 MARINA DRIVE Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ED, MISNER Name: ED, MISNER Name: 738 JACARANDA P.O. BOX 4335 Address: Address: 738 JACARANDA RD City-St-Zip: ANNA MARIA, FL 34216 City-St-Zip: ANNA MARIA, FL 34216 Title: ( ) Delete Title: () Change () Addition WINTON, DOUGLAS Name: Name: Address: P.O. BOX 1317 Address: City-St-Zip: ANNA MARIA, FL 34216 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: ED MISNER Т 01/15/2008