

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007262

FILED
Jan 13, 2009
Secretary of State

Entity Name: ROTARY CLUB OF KEY LARGO CHARITABLE EVENTS, INC.

Current Principal Place of Business:

99330 OVERSEAS HIGHWAY
KEY LARGO, FL 330372435

New Principal Place of Business:

Current Mailing Address:

99330 OVERSEAS HIGHWAY
KEY LARGO, FL 330372435

New Mailing Address:

FEI Number: 65-1051517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSEN, WILLIAM A CPA
99330 OVERSEAS HIGHWAY
KEY LARGO, FL 330372435 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: P () Delete
Name: DECLUE, MARCIA
Address: P.O. BOX 341
City-St-Zip: TAVERNIER, FL 330702203

Title: D () Delete
Name: BEATY, CRIS
Address: 38 BAHAMA AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: P () Delete
Name: NEWBERRY, SCOTT
Address: 141 NAVAJO STREET
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: ANDERSEN, WILLIAM A
Address: 99330 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 330372435

Title: VP () Delete
Name: RECAREY, SUSAN
Address: 215 ANNE BONNY DR
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RECAREY, SUSAN
Address: 215 ANNE BONNEY LANE
City-St-Zip: KEY LARGO, FL 33037

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

Title: D (X) Change () Addition
Name: ANDREWS, DAVID S
Address: 21 S BOUNTY LANE
City-St-Zip: KEY LARGO, FL 33037

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

Title: VP (X) Change () Addition
Name: STUART, JOHN
Address: 152 OCEAN DR
City-St-Zip: TAVERNIER, FL 33070

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: DAVID S ANDREWS

D

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date