

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 14, 2009  
Secretary of State

DOCUMENT# N06000005883

Entity Name: SOUTHSORE ROTARY FOUNDATION, INC.

**Current Principal Place of Business:**

2048 GRANTHAM GREENS DRIVE  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

5908 FORTUNE PLACE  
APOLLO BEACH, FL 33570

**Current Mailing Address:**

2048 GRANTHAM GREENS DRIVE  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

5908 FORTUNE PLACE  
APOLLO BEACH, FL 33572

FEI Number: 20-4961494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MURPHY, ROSALIE G  
2048 GRANTHAM GREENS DRIVE  
SUN CITY CENTER, FL 33573      US

**Name and Address of New Registered Agent:**

GLISSON, DAMON C  
5908 FORTUNE PLACE  
APOLLO BEACH, FL 33572      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: DAMON C GLISSON

08/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BURDICK, SHEILA  
Address: 500 FAIRHOPE DR.  
City-St-Zip: APOLLO BEACH, FL 33572

Title: T      ( ) Delete  
Name: MCCALL, JENNIFER  
Address: 10470 HALLMARK BLVD.  
City-St-Zip: RIVERVIEW, FL 33578

Title: D      ( ) Delete  
Name: KNIGHT, RON  
Address: 12902 US HWY 301 S.  
City-St-Zip: RIVERVIEW, FL 33578

Title: D      ( ) Delete  
Name: JOYNER, WESLEY  
Address: 6542 US HWY 41 N.  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP      ( ) Delete  
Name: HARBURG, JERRY  
Address: 9215 SUNNYOAK DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: S      ( ) Delete  
Name: MURPHY, ROSALIE G  
Address: 2048 GRANTHAM GREENS DR.  
City-St-Zip: SUN CITY CENTER, FL 33572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: JENNIFER MCCALL

T

08/14/2009

Electronic Signature of Signing Officer or Director

Date