

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009201

FILED
Mar 05, 2007
Secretary of State

Entity Name: ROTARY LEADERSHIP INSTITUTE - SUNSHINE DIVISION, INC.

Current Principal Place of Business:

9075 SEMINOLE BLVD.
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

9075 SEMINOLE BLVD.
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 20-5693670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULER, TIMOTHY C
9075 SEMINOLE BLVD.
SEMINOLE, FL 33772 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: PD () Delete
Name: HENRY, JAMES R
Address: 255 SUNTAN AVENUE
City-St-Zip: SARASOTA, FL 34237

Title: SD () Delete
Name: WILSON, GARY D
Address: 613 SABAL AVENUE
City-St-Zip: CLEWISTON, FL 334405007

Title: TD () Delete
Name: BENNETT, PHILLIP
Address: P.O. BOX 60674
City-St-Zip: FT. MYERS, FL 33906

Title: D () Delete
Name: BECK, JOANN
Address: 1100 S. ORLANDO AVENUE #107
City-St-Zip: MAITLAND, L3 2751

Title: D () Delete
Name: GREEN, GARY
Address: 4280 MORNING DOVE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: KURBER, KEITH
Address: 1558 ROXBURG LANE
City-St-Zip: DUNEDIN, FL 34698

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: VP (X) Change () Addition
Name: SCHULER, TIMOTHY C
Address: 9075 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY C. SCHULER

VP

03/05/2007

Electronic Signature of Signing Officer or Director

Date