

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 14, 2008
Secretary of State**

DOCUMENT# N07000011636

Entity Name: THE ROTARY CLUB OF SPRING HILL CENTRAL, INC

Current Principal Place of Business:

4048 DELTONA BLVD
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

4048 DELTONA BLVD
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

DOUGHERTY, JOHN
4048 DELTONA BLVD
SPRING HILL, FL 34606 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: LEMKE, CINDY
Address: 1462 CORYDON AVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP () Delete
Name: SHAW, MARLENE
Address: 1208 DENETIA DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: S () Delete
Name: EDWARDS, BROOKS
Address: 2221 SAND WEDGE CT
City-St-Zip: SPRING HILL, FL 34606 US

Title: T () Delete
Name: KELLY, JOSH
Address: 11278 REDGATE STREET
City-St-Zip: SPRING HILL, FL 34609

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:

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: CINDY LEMKE

P

07/14/2008

Electronic Signature of Signing Officer or Director

Date