

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000842

FILED
Jan 14, 2009
Secretary of State

Entity Name: ROTARY CLUB OF PINELIAS FEATHER SOUND, INC.

Current Principal Place of Business:

3132 BOURDEAUX LANE
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

3132 BOURDEAUX LANE
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SSHULER, 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: DDP () Delete
Name: SHEEHY, STEVEN
Address: 8998-118TH WAY N
City-St-Zip: SEMINOLE, FL 33772

Title: DPS () Delete
Name: KASSON, GAIL
Address: 3132 BOURDEAUX LANE
City-St-Zip: CLEARWATER, FL 33759

Title: DT () Delete
Name: DOWLING, DENISE
Address: 3132 BOURDEAUX LANE
City-St-Zip: CLEARWATER, FL 33759

Title: DP () Delete
Name: SAVAGE, KATHLEEN A
Address: 9124 JAKES PATH
City-St-Zip: LARGO, FL 33771

Title: D (X) Delete
Name: BROGA, VERA
Address: 2390 WEYMOUTH DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: D (X) Delete
Name: FRAGA, KRISTIE
Address: 11777 -90TH AVE N
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DDP (X) Change () Addition
Name: KASSON, GAIL
Address: 3132 BOURDEAUX LANE
City-St-Zip: CLEARWATER, FL 33759

Title: DPS (X) Change () Addition
Name: FRAGA, KRISTIE
Address: 11777 90TH AVE. N.
City-St-Zip: SEMINOLE, FL 33772

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

Title: D (X) Change () Addition
Name: BROGA, VERA
Address: 2390 WEYMOUTH DR.
City-St-Zip: CLEARWATER, FL 33764

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: DENISE C. DOWLING

DT

01/14/2009

Electronic Signature of Signing Officer or Director

Date