## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16366

FILED Apr 29, 2007 Secretary of State

Entity Name: ROTARY FOUNDATION OF FORT MYERS SOUTH, INC.

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 2607 6810 INTERNATIONAL CENTER BLVD FORT MYERS, FL 33902 US FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** PO BOX 2607 FORT MYERS, FL 33902 US FEI Number: 59-2707408 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLIFFORD CHAIPEL, CPA 6810 INTERNATIONÁL CENTER BLVD FT MYERS, FL 33912 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition WHEELER, WILSON Name: Name: PO BOX 2607 Address: Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: Title: Title: ( ) Delete () Change () Addition CHAIPEL, CLIFF Name: Name: Address: PO BOX 2607 Address: City-St-Zip: FT. MYERS, FL 33902 City-St-Zip: Title: () Delete Title: () Change () Addition UNDERHILL, TIM Name: Name: Address: PO BOX 2607 Address: City-St-Zip: FT. MYERS, FL 33902 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DORAGH, PETE Name: Address: PO BOX 2607 Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: Title: ( ) Delete Title: () Change () Addition TEW, MICHAEL Name: Name: PO BOX 2607 Address: Address: FORT MYERS, FL 33902 City-St-Zip: 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: CLIFFORD CHAIPEL TREA 04/29/2007