


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N41214 1. Entity Name ROTARY CLUB OF EUSTIS, INC.	
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Principal Place of Business P O BOX 1331 EUSTIS, FL 32727	Mailing Address P O BOX 1331 EUSTIS, FL 32727
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**DO NOT WRITE IN THIS SPACE**

04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6209584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GAYLORD, FRANK T.  
 804 NORTH BAY STREET  
 EUSTIS, FL

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNROE, FRANK C 342 LAKECREST LANE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILTON, LEON P.O. BOX 350248 GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, HEATHER 1920 N. COUNTY RD 19A EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000917557  
 05/13/08-80048-013 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank C Munroe - Treasurer 4/18/08 352-483-5880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Frank C Munroe-Treasurer