2001 UNIFORM BUSINESS REPORT (UBR)

02-04-2002 90129 007 ****61.25
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N92000000541

1. Entity Name

ROTARY CLUB OF PORT ST. LUCIE, BREAKFAST, FLORID

Principal Place of Business	Mailing Address
P. O. BOX 7279 PORT ST. LUCIE FL 34985 US	P. O. BOX 8586 PORT ST. LUCIE FL 34985 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1907 SW BURLINGTON ST. Suite, Apt. #, etc.
City & State	PORT ST LUCIE FL
Zip / Country	Zip 34984 / Country USA

4. FEI Number 65-0353123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANK, BRITT W 3405 NW FEDERAL HIGHWAY SUITE 104 JENSEN BEACH FL 34957	Name: PATRICIA CHRISTENSEN Street Address (P.O. Box Number is Not Acceptable): 1907 SW BURLINGTON ST City: PORT ST LUCIE FL Zip Code: 34984

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.

SIGNATURE _____ PATRICIA CHRISTENSEN 1/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHRISTENSEN, PATRICIA 1907 SW BURLINGTON ST. PORT ST. LUCIE FL 34984	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT - DIRECTOR TOM HICKEY 2655 SE EMMETT RD PORT ST LUCIE, FL 34952	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARTZ, LINDA 1334 SW IRVING ST PORT ST. LUCIE FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT_DIRECTOR PATRICIA CHRISTENSEN 1907 SW BURLINGTON ST PORT ST LUCIE, FL 34984	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWANSON, DEBRA 2042 SE HANFORD RD PORT ST. LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/SECRETARY - DIRECTOR SARAH COULON 59 SW DUXBURY AV PORT ST LUCIE, FL 34983	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTELLO, JOSEPH 2662 SE HAMDEN ROAD PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PATRICIA CHRISTENSEN 1/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #