2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700095

FILED Feb 27, 2008 Secretary of State

Entity Name: WEST PALM BEACH ROTARY CLUB CHARITY FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ASSOC IATION MANAGEMENT, INC 349 GRANADA RD WEST PALM BEACH, FL 33401 US

Current Mailing Address: New Mailing Address:

C/O ASSOCIATION MANAGEMENT, INC. P.O. BOX 6353 WEST PALM BEACH, FL 33405 US

FEI Number: 59-1002972 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:

DUFFY, MELISSA PRUITT, ALISON 349 GRANADA RD 349 GRANADA RD

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US

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: ALISON PRUITT 02/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: VP (X) Change () Addition
Name: BOZETARNIK, PETER Name: BOZETARNIK, PETER

Address: 1555 PALM BEACH LAKES BLVD., SUITE 1400 Address: 1555 PALM BEACH LAKES BLVD., SUITE 1400

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

Title: P () Delete Title: () Change () Addition

 Name:
 KNIGHT, JEFFREY B
 Name:

 Address:
 2610 OLD OKEECHOBEE BLVD.
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 VINCENT, PAUL F
 Name:

 Address:
 450 SOUTH AUSTRALIAN AVE., 7TH FLOOR
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 City-St-Zip:

Title: PP () Delete Title: () Change () Addition

 Name:
 BONE, BILL
 Name:

 Address:
 550 SO. QUADRILLE BLVD., #200
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 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: JEFFREY B. KNIGHT P 02/27/2008