## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747416** 

FILED Feb 27, 2009 Secretary of State

Entity Name: THE ROTARY CLUB OF INDIALANTIC, FLORIDA, INC.

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

9390 FRANGIPANI DR 2000 S. PATRICK DR

VERO BEACH, FL 32963 INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address: New Mailing Address:

POB 033134

INDIALANTIC, FL 32903

FEI Number: 59-6152299 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:

SUTHERLAND, TODD DOWNEY, TRINA 9390 FRANGIPANI DR 2000 S. PATRICK DR

VERO BEACH, FL 32963 US INDIAN HARBOUR BEACH, FL 32937 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: TRINA W. DOWNEY 02/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SANDERSON, RUTH
 Name:
 SANDERSON, RUTH

 Address:
 3630 KILLDEER CT
 Address:
 3630 KILLDEER CT

 City-St-Zip:
 MELBOURNE, FL 32904
 City-St-Zip:
 MELBOURNE, FL 32904

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: SUTHERLAND, TODD Name: FOLEY, MICHAEL

Address: 9390 FRANGIPANI DR Address: 925 HIGHWAY A1A
City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 HEEB, BRUCE
 Name:
 DOWNEY, TRINA W

 Address:
 4907 WILD GRAPE WAY
 Address:
 2000 S. PATRICK DR.

City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 HENDER, JEAN
 Name:
 CINCO, SUSAN

 Address:
 P O BOX 809
 Address:
 3076 RIO PALMA N.

 City-St-Zip:
 GRANT, FL 32949
 City-St-Zip:
 INDIALANTICE, FL 32903

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: TRINA W. DOWNEY MGR 02/27/2009