

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703601

FILED
Mar 05, 2009
Secretary of State

Entity Name: ROTARY CLUB OF CLEARWATER BEACH, INC.

Current Principal Place of Business:

1265 S. MYRTLE AVENUE
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3866
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-6152310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVES, HOWARD P
1265 S. MYRTLE AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BECKERS, HILMER
Address: PHARMALINK, 12345 STARKEY RD STE L
City-St-Zip: LARGO, FL 33773

Title: P () Delete
Name: FUNK, JOHN
Address: 1520 LAGO VISTA BLVD.
City-St-Zip: PALM HARBOR, FL 34685

Title: S () Delete
Name: MONTEITH, ANGELA
Address: 2071 LAKEWOOD DR.
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: WALDON, CURT
Address: 301 LEEWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: VP () Delete
Name: RIVES, HOWDY
Address: 1265 S. MYRTLE AVENUE
City-St-Zip: CLEARWATER, FL 33756 US

Title: T () Delete
Name: ERICSON, HARY
Address: 750 ISLAND WAY #604
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: RIVES, HOWARD P
Address: 1265 S MYRTLE AVE
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MONTEITH, ANGIE
Address: 2071 LAKEWOOD DR
City-St-Zip: CLEARWATER, FL 33763 US

Title: () Change () Addition
Name:
Address:
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: HOWARD P. RIVES

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date