

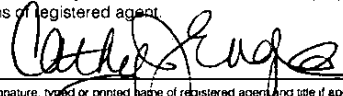
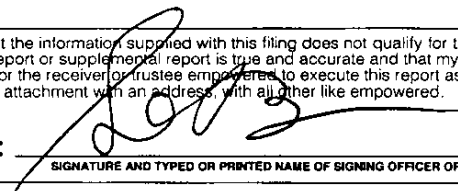


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90040 020 \*\*\*\*61.25

<b>DOCUMENT # 704279</b> 1. Entity Name <b>ROTARY CLUB OF CANTONMENT FLORIDA INC</b>					
Principal Place of Business <b>P.O. BOX 235 CANTONMENT, FL 32533</b>			Mailing Address <b>P.O. BOX 235 CANTONMENT, FL 32533</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 1.5em; font-weight: bold;">40019381</div>  <div style="font-size: 0.8em;">01102007    Chg-NP    CR2E037 (12/06)</div>	
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-6153586</b> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ENGLAND, CATHY 806 COULTER AVENUE CANTONMENT, FL 32533</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code				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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> <b>1-10-07</b>  <small>DATE</small> </div> </div>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAMMOND, ADRIAN</b> <b>9735 PALAFOX ST</b> <b>PENSACOLA, FL 32534</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Frederick, Paul</b> <b>3237 Copper Ridge Circle</b> <b>Cantonment, FL 32533</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SEARS, WILLIAM</b> <b>6160 N DAVIS HWY STE 7</b> <b>PENSACOLA, FL 32534</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Barry, Steven</b> <b>3204 S. Hwy 95A</b> <b>Cantonment, FL 32534</b> <div style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FREDERICK, PAUL</b> <b>3237 COPPER RIDGE CIR</b> <b>CANTONMENT, FL 32533</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Janet Westlake</b> <b>694 Candy Lane</b> <b>Cantonment, FL 32533</b> <div style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
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.					
<b>SIGNATURE:</b> 			<div style="display: flex; justify-content: space-between;"> <div> <b>1/10/07</b>  <small>Date</small> </div> <div> <b>850 505 0334</b>  <small>Daytime Phone #</small> </div> </div>		