

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705242

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** ROTARY CLUB OF ENGLEWOOD, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 176  
ENGLEWOOD, FL 342957176

**New Principal Place of Business:**

12355 COLE AVE  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

P.O. BOX 176  
ENGLEWOOD, FL 342957176

**New Mailing Address:**

**FEI Number:** 59-1004666      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARBOUR, BARBARA C  
12355 COLE AVE  
PORT CHARLOTTE, FL 33981      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: VP      ( ) Delete  
Name: MCCARTHY, MICHELLE  
Address: 11798 CLAREMONT DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: PE      ( ) Delete  
Name: GRAY, JACK  
Address: 1017 BAY HARBOR DRIVE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: P      ( ) Delete  
Name: EAGEN, EDWARD  
Address: 1125 SOUTH LN.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: T      ( ) Delete  
Name: ARBOUR, BARBARA  
Address: 12355 COLE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S      ( ) Delete  
Name: POPESCU, DORIAN  
Address: 1720 HUDSON ST  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D      ( ) Delete  
Name: KOSANOVICH, TAD  
Address: 150 S. INDIANA AVE  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP      (X) Change ( ) Addition  
Name: KORSZEN, BOGDAN  
Address: 2060 LARSON ST  
City-St-Zip: ENGLEWOOD, FL 34223

Title: PE      (X) Change ( ) Addition  
Name: MASON, JOSEPH  
Address: 720 SESAME ST  
City-St-Zip: ENGLEWOOD, FL 34223

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

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

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

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: BARBARA ARBOUR

T

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date