

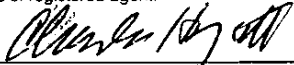
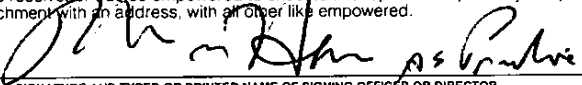


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90009 039 ****61.25

DOCUMENT # 706552 1. Entity Name ROTARY CLUB OF SOUTH JACKSONVILLE, FLORIDA, INC.					
Principal Place of Business P.O. BOX 47546 JACKSONVILLE, FL 32247			Mailing Address P.O. BOX 47546 JACKSONVILLE, FL 32247		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40047712 	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0734082	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOOST, HOBART JR 2401 INDEPENDENT DRIVE JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Charles Hyatt Street Address (P.O. Box Number is Not Acceptable) 1515 Prudential Dr. City Jax, FL Zip Code 32207	
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.					
SIGNATURE  Charles Hyatt 3-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHANSLER, JAMES POB 47546 JACKSONVILLE, FL 32247	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President - D Robert Harris PO Box 47546 Jax, FL 32247
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
VPD JAYCOX, BILL P.O. BOX 47546 JACKSONVILLE, FL 32247		<input checked="" type="checkbox"/> Delete		President Elect - D Vicki Lynne Gloger PO Box 47546 Jax, FL 32247	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
SD KARTSONIS, HOLLY P O BOX 47546 JACKSONVILLE, FL 32247		<input checked="" type="checkbox"/> Delete		Treasurer - D Charles Hyatt PO Box 47546 Jax, FL 32247	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TD HARDAKER, JOY P.O. BOX 47546 JACKSONVILLE, FL 32247		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
T TURKNETT, MITCH P O BOX 47546 JACKSONVILLE, FL 32247		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 or other like empowered.					
SIGNATURE:  Robert Harris, Pres 904-396-4105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-11-08 Daytime Phone #</small>					