2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706552

FILED Jan 24, 2009 Secretary of State

Entity Name: ROTARY CLUB OF SOUTH JACKSONVILLE, FLORIDA, INC.

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

P.O. BOX 47546 4329 JOHNS CEMETERY RD JACKSONVILLE, FL 32247 MIDDLEBURG, FL 32068

Current Mailing Address: New Mailing Address:

P.O. BOX 47546

JACKSONVILLE, FL 32247

FEI Number: 59-0734082 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:

HYATT, CHARLES
1515 PRUDENTIAL DR.
HYATT, CHARLES
835 MUSEUM DR

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 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: CHARLES HYATT 01/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition

Name: CHANSLER, JAMES Name: GLOGER, VICKI-LYNNE

Address: POB 47546 Address: POB 47546

City-St-Zip: JACKSONVILLE, FL 32247 City-St-Zip: JACKSONVILLE, FL 32247

Title: PED () Delete Title: VP (X) Change () Addition

 Name:
 GLOGER, VICKI L
 Name:
 DEAN, SCOTT

 Address:
 PO BOX 47546
 Address:
 PO BOX 47546

City-St-Zip: JACKSONVILLE, FL 32247 City-St-Zip: JACKSONVILLE, FL 32247

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

 Name:
 HYATT, CHARLES
 Name:

 Address:
 P O BOX 47546
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32247
 City-St-Zip:

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

 Name:
 HARRIS, ROBERT
 Name:

 Address:
 PO BOX 47546
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32247
 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: VICKI-LYNNE GLOGER PRES 01/24/2009