


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707546</b> 1. Entity Name <b>ROTARY CHARITY FOUNDATION</b>	
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Principal Place of Business <b>9127 FT. CAROLINE RD JACKSONVILLE, FL 32225 US</b>	Mailing Address <b>9127 FT. CAROLINE RD JACKSONVILLE, FL 32225 US</b>
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04012008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6139932</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GORDON, R. W.  
ONE INDEPENDENT DR  
2801 INDEPENDENT SQ.  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVER, CINDY 5726 CLIFTON AVE. JACKSONVILLE, FL 32211
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMOND, JACK 11459 RIBAUT RD. FT. GEORGE, FL 32226
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, RICHARD 4442 ORTEGA FOREST DR. JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000951826  
06/04/08-80053-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #