## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2008 8:00 am Secretary of State

				~~_ Seci	retary of	<b>Э</b> іяте
1. Entity Nar	MENT # 709540 DRAL ROTARY CLUB, INC.			202	9-2008 90012 047 *	
617 WINKLE SUITE 112	ce of Business FR RD 5, FL 33919 US	Mailing Address 617 WINKLER RD SUITE 112 FORT MYERS, FL 3391	9 U\$		Jeter etri edek een biok edek edek	DII BILITA BIRKI ANADIKA DI KARI
1 71a	Place of Business - No P.O. Box #	3. Mailing Address	-			
Suite, Apt	#, etc.	Suite, Apt. #, etc.		04172008 CI	ng-NP CR2E0	37 (12/06)
City & Sta	MYERS FL	City & State	· <u> </u>	4. FEI Number 59-619862	4	Applied For Not Applicable
zip 331	919 Country SA	Zip	Country	5. Certificate of St	atus Desired -	\$8.75 Additional Fee Required
	-6. Name and Address of Current I	Registered Agent	<u>_</u> .i	7. Name and Add	ress of New Registered.	Agent
BUDDE, CYBIL J JR 6719 WINKLER RD SUITE 112 FORT MYERS, FL 33919				Idress (P.O. Box Number is 1	Not Acceptable)	14
		·	City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code
8. The above the obliga	rnamed entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or r	registered agent, or both, in	the State of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of repistered agent a	nd title If applicable. (NOTE:	Registered Agent signature	a raquired when rainstating)	DATE	
•	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make checi Florida Depar	kipayable to
10.	OFFICERS AND DIR	ECTORS	11.		Control of the Contro	
TITLE	D			ADDITIONS (CHANGS	S TO DESIGERS AND DU	SPLONE SERVICE AND
NAME	,	□ N-1 '		ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN 10
	BUDG CABILLID	☐ Delete	· TITLE '	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN 10  Change Addition
SIREET ANDRESS	BUDDE, CYBIL J JR	☐ Delete ´	NAME	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN 10
STREET ADDRESS CITY-ST-ZIP	6719 WINKLER RD SUITE 112	□ Delete	TITLE ' NAME STREET ADDRESS	ADDITIONS/CHANGE	S TO OFFICERS AND DIE	RECTORS IN 10
CITY-ST-ZIP	6719 WINKLER RD SUITE 112 FORT MYERS, FL 33919		TITLE ' NAME STREET ADDRESS CITY-ST-ZIP		S TO OFFICERS AND DI	RECTORS IN 10  Change Addition
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: \( \( \)

CITY-ST-ZIP NORTH FORT MYERS, FL 38903

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

£\_\_\_

4/23/08

540-3547

Daytime Phone #