

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

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 714223

1. Entity Name

NICEVILLE-VALPARAISO ROTARY CLUB, INC.



Principal Place of Business

406 SPICEBUSH CT
NICEVILLE, FL 32578 US

Mailing Address

P O BOX 388
P.O. BOX 388
NICEVILLE, FL 32588 US

DO NOT WRITE IN THIS SPACE



02202008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-6153587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HERNDON, D. TIMOTHY
4502 A HWY. 20
NICEVILLE, FL 32578

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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

Carla Reinlie

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-08

**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	PD
NAME	GREG, SMITH
STREET ADDRESS	406 SPICEBUSH CT
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	SD
NAME	DOWDEN, DAVID
STREET ADDRESS	1235 CHANTILLY CIRCLE
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	VD
NAME	REINLIE, CARLA
STREET ADDRESS	100 COLLEGE BLVD
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	PD
NAME	LOFFLER, PETER
STREET ADDRESS	141 DANA POINTE
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	TD
NAME	SHELL, RONNIE
STREET ADDRESS	2001 CORDGRASS WAY
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	SD
NAME	BOISJOLIE, JIMMIE
STREET ADDRESS	4463 NEWMARKET ROAD
CITY - ST - ZIP	NICEVILLE, FL 32578

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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:

Carla Reinlie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-08