

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714223

FILED
Apr 24, 2009
Secretary of State

Entity Name: NICEVILLE-VALPARAISO ROTARY CLUB, INC.

Current Principal Place of Business:

406 SPICEBUSH CT
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6153587 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREG, SMITH
Address: 406 SPICEBUSH CT
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: DOWDEN, DAVID
Address: 1235 CHANTILLY CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: REINLIE, CARLA
Address: 100 COLLEGE BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: PD () Delete
Name: LOFFLER, PETER
Address: 141 DANA POINTE
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: SHELL, RONNIE
Address: 2001 CORDGRASS WAY
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: BOISJOLIE, JIMMIE
Address: 4463 NEWMARKET ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DAVID DOWDEN

SD

04/24/2009

Electronic Signature of Signing Officer or Director

Date