

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714223

**FILED**  
**Feb 23, 2010**  
**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  
Name: GREG, SMITH  
Address: 406 SPICEBUSH CT  
City-St-Zip: NICEVILLE, FL 32578

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GREG SMITH

PD

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date