

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724986

FILED  
Jun 19, 2009  
Secretary of State

**Entity Name:** ROTARY CLUB OF ST. PETERSBURG WEST, FLORIDA, U.S.A., INC.

**Current Principal Place of Business:**

C/O ROLFE DUGGAR  
4699 CENTRAL AVE  
ST. PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROLFE DUGGAR  
4699 CENTRAL AVE  
ST. PETERSBURG, FL 33713 US

**New Mailing Address:**

4699 CENTRAL AVENUE  
ST PETERSBURG, FL 33713 US

**FEI Number:** 59-6152291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUGGAR, ROLFE ESQ  
4699 CENTRAL AVE  
SAINT PETERSBURG, FL 33713 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: SD ( ) Delete  
Name: SANDERSON, VIRGINIA  
Address: 432 64TH STREET N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: P ( ) Delete  
Name: MICHETTI, ALBERT  
Address: 2728 - 65TH WAY NO  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: PPD ( ) Delete  
Name: MUNFORD, JEFF  
Address: 221 ISLE DRIVE  
City-St-Zip: ST PETE BEACH, FL 33706

Title: PED ( ) Delete  
Name: CROWLEY, LARRY  
Address: 1425 COREY WAY S  
City-St-Zip: SOUTH PASADENA, FL 33707

Title: D ( ) Delete  
Name: ZAMITALO, ANNE  
Address: 425 17TH AVE NE  
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: SIGMUND, MARK  
Address: 2872 W VINA DEL MAR BLVD  
City-St-Zip: ST PETE BEACH, FL 33706

**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  
Name:  
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: ALBERT MICHETTI

P

06/19/2009

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

\_\_\_\_\_  
Date