

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733688

FILED
Jan 20, 2008
Secretary of State

Entity Name: THE GULF BCHS. ROTARY CLUB, INC.

Current Principal Place of Business:

64 DOLPHIN DR.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

64 DOLPHIN DR.
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-6209589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEADY, SUZANNE
725 116TH AVE
TREASURE ISLAND, FL 33706 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: D () Delete
Name: BLACK, HARRY
Address: 12601 PINE FOREST WAY E
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: DEARNLEY, MARION
Address: 11755 6TH ST. E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD () Delete
Name: DEADY, SUZANNE
Address: 725 116TH AVE, #C-2
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: BURKE, JOHN
Address: 12405 3RD ST. E #304
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD () Delete
Name: COWARD, CAROL L
Address: 64 DOLPHIN DR.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P () Delete
Name: HUBBARD, MARK
Address: 931 - 79TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

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: CAROL L. COWARD

T

01/20/2008

Electronic Signature of Signing Officer or Director

Date