

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733688

FILED  
Jan 04, 2012  
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: P  
Name: ENGLAND, WILLIAM  
Address: 3990 58TH WAY NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709

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

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

Title: D  
Name: ROBERT, MINNING  
Address: 14 ISLAND DRIVE  
City-St-Zip: TREASURE ISLAND, FL 33706

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

Title: P  
Name: MEAGHER, JOHN  
Address: 465 BAYSHORE DR. S  
City-St-Zip: MADEIRA BEACH, FL 33708

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: CAROL L. COWARD

TREA

01/04/2012

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

\_\_\_\_\_  
Date