

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737054

FILED
Jan 14, 2009
Secretary of State

Entity Name: ROTARY CLUB OF INVERNESS, INCORPORATED

Current Principal Place of Business:

4543 E. WINDMILL DRIVE
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1317
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 59-2068516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAYMAKER, THOMAS
2218 W HWY 44
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

SLAYMAKER, THOMAS
2218 HIGHWAY 44 WEST
INVERNESS, FL 34453 US

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:

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YERMAN, MARK
Address: 110 N APOPKA AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: PP () Delete
Name: HAMILTON, GREG
Address: 15365 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: S () Delete
Name: TESSMER, ROB
Address: 621 EDEN DRIVE
City-St-Zip: INVERNESS, FL 34452

Title: T () Delete
Name: HUNT, DORA
Address: 9730 E. REGENCY ROW
City-St-Zip: INVERNESS, FL 34450

Title: PE () Delete
Name: HENSLEY, MELANIE
Address: 7620 E APPLEWOOD DRIVE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENSLEY, MELANIE
Address: 7620 APPLEWOOD DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: PP (X) Change () Addition
Name: YERMAN, MARK
Address: 110 NORTH APOPKA AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: S (X) Change () Addition
Name: WILSON, LORA
Address: 408 LAKE STREET
City-St-Zip: INVERNESS, FL 34450

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

Title: PE (X) Change () Addition
Name: NEAL, JAMES
Address: 213 COURTHOUSE SQUARE
City-St-Zip: INVERNESS, FL 34450

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: DORA HUNT

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date