2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 740775

Entity Name: HAINES CITY ROTARY CLUB, INC.

Current Principal Place of Business:

2888 SOUTHERN DUNES BLVD
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 485
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 59-2867860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAIR, RODNEY
2720 LA VISTA DR
HAINES CITY, FL 33844 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:	SECT	( ) Delete
Name:	ADAIR, RODNEY	
Address:	2720 LA VISTA DR	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	CD	( ) Delete
Name:	LOVELACE, JOYCE	
Address:	13 PINE FOREST CIR	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	CD	( ) Delete
Name:	HEDDON, BARBARA	
Address:	42 MAXCY PLAZA CIR	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	CD	( ) Delete
Name:	FRANZ, LINDA	
Address:	4253 MUIRFIELD LOOP	
City-St-Zip:	LAKE WALES, FL 33859	
Title:	CD	( ) Delete
Name:	BAKER, ANTHONY	
Address:	2518 CREST DR	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	CD	( ) Delete
Name:	HODGES, LEE	
Address:	5050 STRUTHER RD SE	
City-St-Zip:	WINTER HAVEN, FL 33884	

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: RODNEY ADAIR SECT 01/15/2009

Electronic Signature of Signing Officer or Director — Date