


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 019 ****61.25

DOCUMENT # 742147					
1. Entity Name ROTARY CLUB OF MARCO ISLAND, INC.					
Principal Place of Business 615 ELKCAM CIR E MARCO ISLAND, FL 34145 US			Mailing Address PO BOX 353 MARCO ISLAND, FL 34146 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		01272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-6177443	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNAUERHABE, GEROLD 463 ECHO CIRCLE MARCO ISLAND, FL 34145			Name		
			Street Address (P O Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEUTHANN, LINDA		NAME	KELLEY TOWNSEND	
STREET ADDRESS	567 ELKCAM CIR		STREET ADDRESS	835 WILLOW CT.	
CITY, ST, ZIP	MARCO ISLAND, FL 34145		CITY, ST, ZIP	MARCO ISLAND FL 34145	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPE, COLIN		NAME		
STREET ADDRESS	1115 EDINGTON PL		STREET ADDRESS		
CITY, ST, ZIP	MARCO ISLAND, FL 34145		CITY, ST, ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNQUERHASE, GEROLD		NAME		
STREET ADDRESS	463 ECHO CIR		STREET ADDRESS		
CITY, ST, ZIP	MARCO ISLAND, FL 34145		CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4-3-07 239-394-8774		
_____ GEROLD KNAUERHASE					