


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90025 039 ****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			
Zip	Country	Zip	Country		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSEND, KELLEY 855 WILLOW ST MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS J. HENEKER 220 S. COLLIER BLVD. # 805 MARCO ISLAND FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEPPE, COLIN 1115 EDINGTON PL MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEITH E. DAHARON 1549 BUCKANER CT. MARCO ISLAND FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNAUERHABE, GEROLD 463 ECHO CIR MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PAT ETTELSOHN 570 CLUB MARCO CIRCLE # 202 MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> GEROLD KNAUERHABE			42508 239-394-8774 <small>Date Daytime Phone #</small>		