

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 23, 2009  
Secretary of State**

DOCUMENT# 742147

Entity Name: ROTARY CLUB OF MARCO ISLAND, INC.

**Current Principal Place of Business:**

615 ELKCAM CIR E  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

463 ECHO CIRCLE  
MARCO ISLAND, FL 34145 US

**Current Mailing Address:**

PO BOX 353  
MARCO ISLAND, FL 34146 US

**New Mailing Address:**

FEI Number: 59-6177443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNAUERHASE, GEROLD  
463 ECHO CIRCLE  
MARCO ISLAND, FL 34145 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: D      ( ) Delete  
Name: MENEKER, THOMAS J  
Address: 220 S COLLIER BLVD, SUITE #205  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D      ( ) Delete  
Name: DAMARON, KEITH E  
Address: 1549 BUCCANEER COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: T      ( ) Delete  
Name: KNAUERHASE, GEROLD  
Address: 463 ECHO CIR  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D      ( ) Delete  
Name: ETTENSOHN, PAT  
Address: 570 CLUB MARCO CIRCLE, SUITE #202  
City-St-Zip: MARCO ISLAND, FL 34145

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: PRES      ( ) Change (X) Addition  
Name: SIMON, VALERIE  
Address: 191 CLYBURN STREET  
City-St-Zip: MARCO ISLAND, FL 34145

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: GEROLD KNAUERHASE

TREA

02/23/2009

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

\_\_\_\_\_  
Date