2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90016 044 ****61.25

DOCUMENT # 747477

1. Entity Name
DADE CITY ROTARY CLUB, INC.

Principal Place of Business	Mailing Address
37628 CHURCH AVENUE DADE CITY, FL 33526 US	P.O. BOX 44 DADE CITY, FL 33526 US

02212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14950 U.S. 301	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DADE CITY, FL	City & State
Zip: 33523 Country: USA	Zip Country

4. FEI Number: 59-6152295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, LEE 13351 10TH STREET DADE CITY, FL 33525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	VP PATTERSON, KAREN POB 1866 DADE CITY, FL 335261866	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FINNERTY, JOHN 36731 MISSOURI AVE. DADE CITY, FL. 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GETZ, ANDREW 37249 MARCO LN DADE CITY, FL 33525	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARSON, DWIGHT 37612 CARSON LANE DADE CITY, FL. 33525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOLBERG, GINNY 37235 ORANGE VALLEY LN DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COX, STEVE MOORE MICKENS CTR. M.L.K. AVE. DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERMAIN, JEANIE 38113 COUNTRYSIDE DADE CITY, FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, ANITA 37300 ROYAL OAK LANE DADE CITY, FL. 33525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRITTON, KATHY 15950 21ST ST. DADE CITY, FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARKIN, BOB 11825 OLD LAKELAND HWY DADE CITY, FL 33525	☐ Change ☒ 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: Virginia L. Solberg TREASURER Virginia L Solberg 3/18/08 (352) 567-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #