

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756639

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** ROTARY CLUB OF POMPANO BEACH, FLORIDA, INC.

**Current Principal Place of Business:**

GALUPPI'S  
1101 N. FEDERAL HWY  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

124 NE 23RD ST.  
WILTON MANORS, FL 333051018

**New Mailing Address:**

**FEI Number:** 59-6142570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILL, JACKIE C  
124 NE 23RD ST.  
WILTON MANORS, FL 333051018 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: P ( ) Delete  
Name: SIEFERT, AL  
Address: 2319 S.E. 10TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

Title: PE ( ) Delete  
Name: GILLESPIE, JOHN  
Address: 2860 MARINA CIRCLE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S ( ) Delete  
Name: NELSON, JOANNE  
Address: 400 CIRCLE DRIVE  
City-St-Zip: POMPANO BEACH, FL 33062

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NELSON, JOANNE  
Address: 400 CIRCLE DRIVE  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HINKLE, DARRYL L  
Address: 2600 NE 14TH ST. CSWY.  
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Change (X) Addition  
Name: YUNICK, MARGIE  
Address: 526 VILLAGE DRIVE  
City-St-Zip: POMPANO BEACH, FL 33060

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: DARRYL L. HINKLE

S

03/03/2009

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

\_\_\_\_\_  
Date