

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90034 044 \*\*\*\*61.25

<b>DOCUMENT # 761746</b> 1. Entity Name <b>STUART ROTARY CLUB, INC.</b>					
Principal Place of Business <b>C/O GREGORY G. KEANE, P.A.</b> <b>729 S FEDERAL HWY STE 222</b> <b>STUART, FL 34994 US</b>			Mailing Address <b>PO BOX 81</b> <b>STUART, FL 34995 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1000 SE Monterey Commons</b> Suite, Apt. #, etc. <b>302</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2483054</b>	
Zip <b>34996</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KEANE, GREGORY G.</b> <b>729 S FEDERAL HIGHWAY #222</b> <b>STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1000 SE Monterey Commons</b> <b>STE. # 202</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <b>ALLISON, STEVE</b> <b>3006 SUNSET TRACE CIR</b> <b>PALM CITY, FL 34909</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>1087 SE Delphin Dr.</b> <b>STUART FL 34996</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Delete <b>TD</b> <b>LOESSIN, KRISTINE</b> <b>501 SW PINE TREE LANE</b> <b>PALM CITY, FL 34990</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <b>X</b> <b>MILLER, WILLIAM</b> <b>448 SW SALERNO RD</b> <b>STUART, FL 34997</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <b>D</b> <b>GAGE, PATRICIA</b> <b>5 HIGH POINT ROAD</b> <b>STUART, FL 34996</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Mary Lou Wadsworth</b> <b>2363 SE Ocean Blvd.</b> <b>STUART FL 34996</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Delete <b>D</b> <b>YOUNGBLOOD, KEVIN</b> <b>1900 S KANNER HWY 8-201</b> <b>STUART, FL 34994</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <b>X</b> <b>TOBIN, PATRICIA</b> <b>4259 SE ROBERTSON RD</b> <b>STUART, FL 34997</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>	
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.					
<b>SIGNATURE: KRISTINE LOESSIN</b> <i>Kristine Loessin</i> <b>416-08</b> <b>286-9965</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					