2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761746

FILED Jan 14, 2009 Secretary of State

Entity Name: STUART ROTARY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: C/O GREGORY G. KEANE, P.A 1000 SE MONTEREY COMMONS 202 STUART, FL 34996 **Current Mailing Address: New Mailing Address:** PO BOX 81 STUART, FL 34995 US FEI Number: 59-2483054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEANE, GREGORY G 1000 SÉ MONTEREY COMMONS STE. #202 STUART, FL 34994 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ALLISON, STEVE Name: Name: 1087 SE DOLPHIN DR. Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: () Delete Title: () Change () Addition LOESSIN, KRISTINE Name: Name: Address: 501 SW PINE TREE LANE Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: () Delete Title: (X) Change () Addition MILLER, WILLIAM Name: MILLER, WILLIAM Name: 448 SW SALERNO RD 448 SW SALERNO RD Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change () Addition WADSWORTH, MARY L WADSWORTH, MARY L Name: Name: 2363 SE OCEAN BLVD. 2363 SE OCEAN BLVD. Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 Title: () Delete Title: (X) Change () Addition YOUNGBLOOD, KEVIN SLATTERY, PATRICK Name: Name: 1900 S KANNER HWY 8-201 6466 SE WINDSONG LN Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34997 Title: () Delete Title: () Change () Addition TOBIN, PATRICIA Name: Name: Address: 4259 SE ROBERTSON RD Address: STUART, FL 34997 City-St-Zip: City-St-Zip:

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: CHARLES A. HAWKEN O 01/14/2009