

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763596

FILED
Apr 27, 2009
Secretary of State

Entity Name: ROTARY CLUB OF NEW SMYRNA BEACH, FLORIDA, INC.

Current Principal Place of Business:

SMYRNA YACHT CLUB
1201 S. RIVERSIDE DR.
NEW SMYRNA BCH., FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 404
NEW SMYRNA BCH., FL 32170 US

New Mailing Address:

FEI Number: 59-6155195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZZINARO, KELLY
513 NATURE CREEK LANE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

MARIANDE, GUY
464 BOUCHELLE DR
304
NEW SMYRNA BEACH, FL 32169 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: GUY MARIANDE

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICKER, JUDY
Address: 464 BOUCHETTE APT. 364
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: CARROW, JOHNNIE
Address: 827 LONG MEADOW CT.
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: THOMAS, SHERRI
Address: 328 FLAGLER AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: GRASSO, FRAN
Address: 2002 DUNC CIR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: HOLE, STEVE
Address: 76 FOXCROFT RUN
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WYNN, DONNALEE
Address: 218 MAPLE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: T (X) Change () Addition
Name: MARIANDE, GUY
Address: 464 BOUCHELLE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Change () Addition
Name: REIKER, JUDY
Address: 464 BOUCHELLE DR #304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
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: GUY MARIANDE

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date