


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90063 011 ****61.25

DOCUMENT # 765358	
1. Entity Name RUSKIN-APOLLO BEACH ROTARY CLUB, INC.	

Principal Place of Business P O BOX 1765 5908 FORTUNE PLACE RUSKIN, FL 33570 US	Mailing Address P. O. BOX 1765 5908 FORTUNE PLACE APOLLO BEACH, FL 33572-2643 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2833997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GLISSON, DAMON C., ESQ. 5908 FORTUNE PLACE APOLLO BEACH, FL 33570	

7. Name and Address of New Registered Agent	
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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, STEPHEN	NAME	
STREET ADDRESS	2411 KIRKLAND RD	STREET ADDRESS	
CITY-ST-ZIP	DOVER, FL 33527	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, REX	NAME	HALL, RICHARD
STREET ADDRESS	219 LOOKOUT DR	STREET ADDRESS	714 APOLLO BEACH BLVD.
CITY-ST-ZIP	APOLLO BEACH, FL 33572	CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, REX	NAME	JOYNER, WESLEY
STREET ADDRESS	219 LOOKOUT DR	STREET ADDRESS	4440 MILEY RD
CITY-ST-ZIP	APOLLO BEACH, FL 33572	CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDICK, SHEILA	NAME	
STREET ADDRESS	500 FAIRHOPE DR	STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ROSALIE	NAME	
STREET ADDRESS	2048 GRANTHAM GREENS DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <u>STEPHEN MURRAY</u>	Date: <u>4/4/07</u>	Daytime Phone #: <u>813-641-3333</u>
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