


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 036 ****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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04232008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2833997

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAYA, STEPHEN 2411 KIRKLAND RD DOVER, FL 33527	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALL, RICHARD 714 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESLEY, JOYNER 4440 MILEY RD PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORDICK, SHEILA 500 FAIRHOPE DR APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, ROSALIE 2048 GRANTHAM GREENS DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYNER, WESLEY 4410 MILEY RD PLANT CITY, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MADDEN, DAVID 218 6TH AVE RUSKIN, FL 33590	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, RONALD 3814 CARDENAL AVE RUSKIN, FL 33593	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIOLI, JENNIFER 501 FALKENBERG RD #C-21 TAMPA, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, BRENDA 6511 LAUREL CREEK TR ELLENTON, FL 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition


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: WESLEY JOYNER  **4/23/08** **93-658-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

PAGE 2

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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		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLISSON, DAMON C., ESQ. 5908 FORTUNE PLACE APOLLO BEACH, FL 33570				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D ADDOCK, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAYA, STEPHEN		NAME	5010 CAUSEWAY BL	
STREET ADDRESS	2411 KIRKLAND RD		STREET ADDRESS	TAMPA, FL 33619	
CITY-ST-ZIP	DOVER, FL 33527		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D MURRAY, STEPHEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, RICHARD		NAME	2411 KIRKLAND RD	
STREET ADDRESS	714 APOLLO BEACH BLVD		STREET ADDRESS	DOVER, FL 33527	
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY, JOYNER		NAME		
STREET ADDRESS	4440 MILEY RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP		
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: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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