

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766574

FILED  
May 22, 2009  
Secretary of State

**Entity Name:** ROTARY CLUB OF HOMOSASSA SPRINGS, FLORIDA, U.S.A., INC.

**Current Principal Place of Business:**

LUGIS PIZZA  
4538 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

ROTARY CLUB OF HOMOSASSA SPRINGS  
P. O. BOX 2029  
HOMOSASSA SPRINGS, FL 344472029 US

**New Mailing Address:**

**FEI Number:** 59-2543379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NAST, CHRISTOPHER C.  
263 E. REHILL ST.  
LECANTO, FL 34461 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: JONES, IVAN  
Address: 94 SOUTH OAK VILLAGE BLVD  
City-St-Zip: HOMOSASSA, FL 34446

Title: T ( ) Delete  
Name: MITCHELL, GLENDA  
Address: 6 MANGROVE CT.  
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete  
Name: NAYFIELD, MARYBETH H  
Address: 161 SW 3RD STREET  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D (X) Delete  
Name: IRVINE, DAVID  
Address: 11768 W RIVERHAVEN DRIVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: D (X) Delete  
Name: FEENEY, THOMAS  
Address: 5440 S KAREN TERRACE  
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Delete  
Name: BOWMAN, DAVID  
Address: 1300 SUNTURF STREET  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FEENEY, TOM  
Address: 5440 SOUTH KAREN TERRACE  
City-St-Zip: HOMOSASSA, FL 34446

Title: T (X) Change ( ) Addition  
Name: JONES, IVAN  
Address: 94 SOUTH OAK VILLAGE BLVD  
City-St-Zip: HOMOSASSA, FL 34446

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

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

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

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: MARYBETH NAYFIELD

S

05/22/2009

Electronic Signature of Signing Officer or Director

Date