2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766740

FILED Aug 04, 2008 Secretary of State

Entity Name: CHARLOTTE HARBOR ROTARY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

CULTURAL CENTER CHARLOTTE COUNTY PROFESSIONAL TAXES INC

2280 AARON ST 425 CROSS ST

PORT CHARLOTTE, FL 33952 US PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

P.O. BOX 510391

PUNTA GORDA, FL 339510391 US

FEI Number: 59-2013141 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: Name and Address of New Registered Agent:

HAGEMAN, JIM PROFESSIONAL TAXES, INC 3300 LOVELAND BLVD PROFESSIONAL TAXES, INC 425 CROSS ST

UNIT 3103 425 CROSS ST UNIT 3103 PUNTA GORDA, FL 33950 US

PORT CHARLOTTE, FL 33980 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: STEVE VOLLMER 08/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP () Delete Title: D (X) Change () Addition

 Name:
 VOLLMER, STEVE
 Name:
 VOLLMER, STEVE

 Address:
 7423 FREE TREE ST
 Address:
 7423 FREE TREE ST

 City-St-Zip:
 PUNTA GORDA, FL 33955
 City-St-Zip:
 PUNTA GORDA, FL 33955

Title: D () Delete Title: () Change () Addition

 Name:
 REHLING, CARL
 Name:

 Address:
 5750 ALMAR DRIVE
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:

 $\label{eq:title:solution} \mbox{Title:} \qquad \mbox{S} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P} \qquad \mbox{(X) Change () Addition}$

 Name:
 GADO, BONNIE
 Name:
 GADO, BONNIE

 Address:
 PO BOX 510847
 Address:
 PO BOX 510847

City-St-Zip: PUNTA GORDA, FL 33951 City-St-Zip: PUNTA GORDA, FL 33951

Title: T () Delete Title: PE (X) Change () Addition

 Name:
 COLGAN, MIKE
 Name:
 COLGAN, MIKE

 Address:
 520 PALMETTO DR
 Address:
 520 PALMETTO DR

City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete Title: T (X) Change () Addition

 Name:
 CARTER, STEPHEN
 Name:
 PENFIELD, SHERRY

 Address:
 21229-A OLEAN BLVD
 Address:
 11345 SW ESSEX DR

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:
 LAKE SUZY, FL 34269

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 JACKSON, LEROY

 Address:
 Address:
 27451 PASTO DR

 City-St-Zip:
 City-St-Zip:
 PUNTA GORDA, FL 33983

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: SHERRY PENFIELD T 08/04/2008