

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766740

FILED
Apr 27, 2009
Secretary of State

Entity Name: CHARLOTTE HARBOR ROTARY CLUB, INC.

Current Principal Place of Business:

PROFESSIONAL TAXES INC
425 CROSS ST
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510391
PUNTA GORDA, FL 339510391 US

New Mailing Address:

FEI Number: 59-2013141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL TAXES, INC
425 CROSS ST
PUNTA GORDA, FL 33950 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: D () Delete
Name: VOLLMER, STEVE
Address: 7423 FREE TREE ST
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: REHLING, CARL
Address: 5750 ALMAR DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: P () Delete
Name: GADO, BONNIE
Address: PO BOX 510847
City-St-Zip: PUNTA GORDA, FL 33951

Title: PE () Delete
Name: COLGAN, MIKE
Address: 520 PALMETTO DR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: PENFIELD, SHERRY
Address: 11345 SW ESSEX DR
City-St-Zip: LAKE SUZY, FL 34269

Title: S (X) Delete
Name: JACKSON, LEROY
Address: 27451 PASTO DR
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: SHERRY L PENFIELD

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date