

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767106

FILED  
Mar 25, 2008  
Secretary of State

**Entity Name:** ROTARY CLUB OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

920 SE ATLANTUS AVE.  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

920 SE ATLANTUS AVE  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

PO BOX 7474  
PORT ST. LUCIE, FL 34985

**FEI Number:** 59-2365512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THORNE-SHEARER, BETTY  
920 SE ATLANTUS AVE.  
PORT ST. LUCIE, FL 34983 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: PPD ( ) Delete  
Name: WYATT, CAROL  
Address: 444 SW JACKSON PLACE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PD ( ) Delete  
Name: NORTON, CARL  
Address: 2422 SE PASCAL AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SD ( ) Delete  
Name: HOBBY, ROBERT  
Address: 2172 SE ABCOR RD  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VPD ( ) Delete  
Name: EVANS, JEANNE  
Address: 1736 NW FORK RD  
City-St-Zip: PALM CITY, FL 34994

Title: TD ( ) Delete  
Name: SANTEE, KEN  
Address: 197 NW BENTLEY CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986

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

Title: VPD (X) Change ( ) Addition  
Name: COMEAU, DAN  
Address: P O BOX 7474  
City-St-Zip: PORT ST LUCIE, FL 34985

Title: PPD (X) Change ( ) Addition  
Name: NORTON, CARL  
Address: 2422 SE PASCAL AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SD (X) Change ( ) Addition  
Name: RIKER, EDITH  
Address: 2732 SW ENSENADA TERR  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: PD (X) Change ( ) Addition  
Name: EVANS, JEANNE  
Address: 1736 NW FORK RD  
City-St-Zip: PALM CITY, FL 34994

Title: TD (X) Change ( ) Addition  
Name: KUSEL, CONRAD J JR  
Address: 491 SW PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34953

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: EDITH RIKER

SD

03/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date