2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 767106

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:

PO BOX 7474
PORT ST. LUCIE, FL 34985

New Mailing Address:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DAN COMEAU PRES 04/28/2009

Electronic Signature of Signing Officer or Director — Date