

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90038 034 ****61.25

DOCUMENT # N00000001155					
1. Entity Name THE ROTARY CLUB OF SEBASTIAN RECREATION FOUNDATION, INC.					
Principal Place of Business 2019 E. LAKEVIEW DR. SEBASTIAN, FL 32958 US			Mailing Address P O BOX 781783 SEBASTIAN, FL 32978 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05222008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3608178	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MASCARENHAS, ROSEMARIE 883 TOLUCA ST SE PALM BAY, FL 32909			Name KRISTIE WOODWARD Street Address (P.O. Box Number is Not Acceptable) 689 BARBER ST City SEBASTIAN FL Zip Code 32958		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				DATE 5/22/08	
(NOTE: Registered Agent signature required when changing agent)				DATE	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUTSKY, MICHAEL 3000 A1A PHG-B SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOE FALZONE 814 ROBIN LANE SEBASTIAN, FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASCARENHAS, ROSEMARIE 883 TOLUCA ST SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PD CHRISTOPHER M. PINSON 9266-106th AVE VERO BEACH, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLEGER, DORIS 958 WATER WAY DR SEBASTIAN, FL 32976	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRISTIE WOODWARD 689 BARBER ST SEBASTIAN, FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALZONE, JOE 12405 ROSELAND DR SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTY MASTERS 1023 KENNAREST PALM BAY, FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				Date 5/22/08 Daytime Phone # 772-581-3199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					