

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002385

FILED
Apr 27, 2009
Secretary of State

Entity Name: HOBE SOUND/PORT SALERNO ROTARY CLUB CHARITY FUND INC.

Current Principal Place of Business:

2608 SE WILLOUGHBY BLVD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2608 SE WILLOUGHBY BLVD
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1020408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIPPEN, WILLARD H
6012 WALKERS CAY COURT
STUART, FL 34997 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: PD () Delete
Name: GILLMAN, JEFFRY
Address: 2608 SE WILLOUGHBY BLVD
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: ANDERSON, LARRY
Address: 3296 GLACIER TERRACE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: DAVINO, CARL
Address: 10321 SE BLUEFISH CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: VD () Delete
Name: MORENO, CHRISTINE
Address: 3211 SW ALEXANDER CT
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORENO, CHRISTINE
Address: 3211 SW ALEXANDER COURT
City-St-Zip: PALM CITY, FL 34990 31

Title: TD (X) Change () Addition
Name: DELORENZO, TONY
Address: 3500 KANNER HWY
City-St-Zip: STUART, FL 34994

Title: VD (X) Change () Addition
Name: DAVINO, CARL
Address: 10321 SE BLUEFISH CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD (X) Change () Addition
Name: WHIPPEN, WILLARD
Address: 6012 WALKERS CAY COURT
City-St-Zip: STUART, FL 34997

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: TONY DELORENZO

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date