

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003121

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE ROCKLEDGE ROTARY FOUNDATION, INC.

**Current Principal Place of Business:**

1670 SOUTH FISKE BLVD  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560556  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-3658637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYAN, GERRY  
1670 SOUTH FISKE BLVD  
ROCKLEDGE, FL 32955 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: P ( ) Delete  
Name: GOLDMAN, MITCH  
Address: P.O. BOX560556  
City-St-Zip: ROCKLEDGE, FL 32956

Title: S ( ) Delete  
Name: HENDERSON, DAVE  
Address: P.O. BOX 560556  
City-St-Zip: ROCKLEDGE, FL 32956

Title: V ( ) Delete  
Name: HINTON, GENE  
Address: P.O. BOX 560556  
City-St-Zip: ROCKLEDGE, FL 32956

Title: D ( ) Delete  
Name: SELIG, MIKE  
Address: P.O. BOX 560556  
City-St-Zip: ROCKLEDGE, FL 32956

Title: T ( ) Delete  
Name: CRAIG, DIANA  
Address: P.O. BOX 560556  
City-St-Zip: ROCKLEDGE, FL 32956

Title: D ( ) Delete  
Name: CRANE, KAREN  
Address: P.O. BOX 560556  
City-St-Zip: ROCKLEDGE, FL 32956

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

Title: P (X) Change ( ) Addition  
Name: HINTON, GENE  
Address: P.O. BOX560556  
City-St-Zip: ROCKLEDGE, FL 32956

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

Title: V (X) Change ( ) Addition  
Name: GOLDMAN, MITCH  
Address: P.O. BOX 560556  
City-St-Zip: ROCKLEDGE, FL 32956

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: DIANA CRAIG

TREA

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date