


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90049 020 \*\*\*\*61.25

<b>DOCUMENT # N00000003676</b> 1. Entity Name <b>ROTARY CLUB OF ORANGE PARK SUNRISE, INC.</b>					
Principal Place of Business <b>2301 PARK AVE STE 404 ORANGE PARK, FL 32073</b>			Mailing Address <b>P. O. BOX 366 ORANGE PARK, FL 32073</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FULLER, BARRY J 2301 PARK AVE., SUITE 404 ORANGE PARK, FL 32073</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORLESS, PAUL 1717 CR 220, #3001 ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Smith, Theresa 1301 Riverplace Blvd, Suite 500 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SMITH, THERESA 1543 KINGSLEY AVE., BLDG. 2 ORANGE PARK, FL 32003	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MOODY, Ron 10550 Deerwood Park Blvd, Ste 609 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOODY, RON 4309 SALISBURY RD. N. JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McNEES Chris 11181 St. Johns Industrial Pky. North Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HON, ALBERT 700 PALMETTO ST. JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fredrikson, Goran 1844 Commodore Pt Dr Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNEES, CHRIS 11181 ST. JOHNS INDUSTRIAL PKY. NORTH JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D White, Jim 2463 HWY 16 West Green Cove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULRICH, NANCY 1329 KINGSLEY AVE. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susana Castro 2050 Forbes Str. Jacksonville, FL 32204
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.					
<b>SIGNATURE:</b> <i>Goran Fredrikson</i> <b>Goran Fredrikson</b> <b>4/15/08</b> <b>904-269-1965</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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