

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000004389**

**1. Entity Name**  
**THE ROTARY CLUB OF MURDOCK, INC.**



**Principal Place of Business**  
**P O BOX 380982**  
**MURDOCK, FL 33938**

**Mailing Address**  
**P O BOX 380982**  
**MURDOCK, FL 33938**



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>65-1028203</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ROBERTS, JR, JOHN L MR.**  
**209 FLAMINGO BLVD.**  
**PORT CHARLOTTE, FL 33954**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>DUNCAN, CONNIE J</b>
<b>STREET ADDRESS</b>	<b>292 MCCABE ST</b>
<b>CITY-ST-ZIP</b>	<b>PORT CHARLOTTE, FL 33953</b>
<b>TITLE</b>	<b>P/EL</b>
<b>NAME</b>	<b>ZEHR, MARK MR.</b>
<b>STREET ADDRESS</b>	<b>24690 SANDHILL BLVD., STE. #604</b>
<b>CITY-ST-ZIP</b>	<b>PORT CHARLOTTE, FL 33983</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>HOILBACH, ALAN</b>
<b>STREET ADDRESS</b>	<b>1041 FLEETWOOD DR</b>
<b>CITY-ST-ZIP</b>	<b>PORT CHARLOTTE, FL 33952</b>
<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>RUSSELL, EDMUND MR.</b>
<b>STREET ADDRESS</b>	<b>5158 WILTON COURT</b>
<b>CITY-ST-ZIP</b>	<b>NORTH PORT, FL 34287</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>GAUTHIER, RIC</b>
<b>STREET ADDRESS</b>	<b>20340 ZELDA</b>
<b>CITY-ST-ZIP</b>	<b>PORT CHARLOTTE, FL 33952</b>
<b>TITLE</b>	<b>PP</b>
<b>NAME</b>	<b>ROBERTS, JR., JOHN L MR.</b>
<b>STREET ADDRESS</b>	<b>209 FLAMINGO BLVD.</b>
<b>CITY-ST-ZIP</b>	<b>PORT CHARLOTTE, FL 33954</b>

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01/29/08-80023-019 70.00

**DO NOT WRITE  
IN THIS SPACE**

**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 817, 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:** *Connie J Duncan, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Connie J Duncan, Treasurer*

*01/16/08* *941-2550815*  
Date Daytime Phone #