

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004389

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE ROTARY CLUB OF MURDOCK, INC.

Current Principal Place of Business:

P O BOX 380982
MURDOCK, FL 33938

New Principal Place of Business:

19720 COCHRAN BLVD
PORT CHARLOTTE, FL 33948

Current Mailing Address:

P O BOX 380982
MURDOCK, FL 33938

New Mailing Address:

19720 COCHRAN BLVD
PORT CHARLOTTE, FL 33948

FEI Number: 65-1028203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, JR, JOHN L MR.
209 FLAMINGO BLVD.
PORT CHARLOTTE, FL 33954 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: T () Delete
Name: DUNCAN, CONNIE J
Address: 292 MCCABE ST
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: P/EL () Delete
Name: ZEHR, MARK MR.
Address: 24690 SANDHILL BLVD., STE. #604
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: S () Delete
Name: HOILBACH, ALAN
Address: 1041 FLEETWOOD DR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P () Delete
Name: RUSSELL, EDMUND MR.
Address: 5158 WILTON COURT
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: GAUTHIER, RIC
Address: 20340 ZELDA
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: PP () Delete
Name: ROBERTS, JR., JOHN L MR.
Address: 209 FLAMINGO BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P/EL (X) Change () Addition
Name: PETERSEN, LANCE MR.
Address: 24690 SANDHILL BLVD., STE. #604
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: SEC (X) Change () Addition
Name: WILSON, JUDY MRS
Address: 1041 FLEETWOOD DR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P (X) Change () Addition
Name: HOLBACH, ALAN MR.
Address: 5158 WILTON COURT
City-St-Zip: NORTH PORT, FL 34287

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: CONNIE J DUNCAN

TREA

04/08/2009

Electronic Signature of Signing Officer or Director

Date