2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006022

Apr 25, 2008 Secretary of State

Entity Name: ROTARY CLUB OF CRYSTAL RIVER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

154 SE 7TH AVE

CRYSTAL RIVER, FL 34429

Current Mailing Address: New Mailing Address:

POB 1207 Z PO BOX 426

CRYSTAL RIVER, FL 34423 CRYSTAL RIVER, FL 34423

FEI Number: 65-1051150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TAY LOR, KEITH R 1143 N LYLE AVE

CRYSTAL RIVER, FL 34429 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete

(X) Change () Addition

SAWYER, NEIL PICKETT, MARK Name: Name: PO BOX 1869 Address: **511 SW 1ST AVE** Address:

City-St-Zip: CRYSTAL RIVER, FL 34423 City-St-Zip: CRYSTAL RIVER, FL 34429

Title: Title: () Delete (X) Change () Addition CASH, J. PAUL Name: CASH, J. PAUL Name:

Address: POB 426 Address: PO BOX 426

City-St-Zip: CRYSTAL RIVER, FL 34423 City-St-Zip: CRYSTAL RIVER, FL 34423

Title: () Delete Title: (X) Change () Addition PICKETT, MARK PIERSON, CLIFF Name: Name:

511 SW 1ST AVE 3780 W BLACK DIAMOND CIR Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: LECANTO, FL 34461

(X) Change () Addition Title: Title: () Delete

Name: PIERSON, CLIFF Name: SNELL, RICK

3780 W BLACK DIAMOND CIR Address: Address: PO BOX 1478

City-St-Zip: LECANTO, FL 34461 City-St-Zip: CRYSTAL RIVER, FL 34423

Title: () Delete Title: (X) Change () Addition

SNELL, RICK JOHNSON, ROBERT Name: Name: 6290 CANNONDALE DR PO BOX 14783 Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34423 City-St-Zip: CRYSTAL RIVER, FL 34429

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: J PAUL CASH ST 04/25/2008