2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006022

FILED Apr 24, 2009 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:** PO BOX 426 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PICKETT, MARK SNELL, RICK Name: Name: **511 SW 1ST AVE** Address: PO BOX 1478 Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34423 Title: Title: () Delete () Change () Addition CASH, J. PAUL Name: Name: Address: PO BOX 426 Address: City-St-Zip: CRYSTAL RIVER, FL 34423 City-St-Zip: Title: () Delete Title: () Change () Addition PIERSON, CLIFF Name: Name: 3780 W BLACK DIAMOND CIR Address: Address: City-St-Zip: LECANTO, FL 34461 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: SNELL, RICK Name: SILVEY, PATTY Address: PO BOX 1478 Address: 1150 N STONEY PT City-St-Zip: CRYSTAL RIVER, FL 34423 City-St-Zip: CRYSTAL RIVER, FL 34429 Title: () Delete Title: (X) Change () Addition JOHNSON, ROBERT FLANAGAN, CARL Name: Name: 6290 CANNONDALE DR 2455 N CITRUS HILLS BLVD Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34442 Title: () Delete Title: () Change (X) Addition JOHNSON, ROBERT Name: Name: Address: Address: 6290 W CANNONDALE DR CRYSTAL RIVER, FL 34429 City-St-Zip: 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: J PAUL CASH ST 04/24/2009