


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000000964 1. Entity Name DADE CITY ROTARY CLUB CHARITIES, INC.	
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Principal Place of Business 37837 MERIDIAN AVE SUITE 314 DADE CITY, FL 33525	Mailing Address PO BOX 1547 DADE CITY, FL 33526
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02112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3709407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROCK II, HUTCHISON
37837 MERIDIAN AVE
SUITE 314
DADE CITY, FL 33525

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

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, LEE G 13351 10TH STREET DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRITTON, KATHERINE 15950 21ST STREET DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, DAVID B 13303 12TH STREET DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH, COMBEE 36351 CLINTON AVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COBB, WAYNE 16851 ALMAR LANE DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROCK, PETE 14319 ANDERSON ST. DADE CITY, FL 33523

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03/06/08-80016-012 61.25

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.

SIGNATURE: Lee G. Brown (LEE G. BROWN) February 21, 2008 352-567-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #