

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000964

FILED
Jun 08, 2009
Secretary of State

Entity Name: DADE CITY ROTARY CLUB CHARITIES, INC.

Current Principal Place of Business:

37837 MERIDIAN AVE
SUITE 314
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

PO BOX 1547
DADE CITY, FL 33526

New Mailing Address:

PO BOX 44
DADE CITY, FL 33526

FEI Number: 59-3709407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROCK II, HUTCHISON
37837 MERIDIAN AVE
SUITE 314
DADE CITY, FL 33525 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: TD () Delete
Name: BROWN, LEE G
Address: 13351 10TH STREET
City-St-Zip: DADE CITY, FL 33525

Title: SD () Delete
Name: BRITTON, KATHERINE
Address: 15950 21ST STREET
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: WEST, DAVID B
Address: 13303 12TH STREET
City-St-Zip: DADE CITY, FL 33525

Title: D (X) Delete
Name: RALPH, COMBEE
Address: 36351 CLINTON AVE
City-St-Zip: DADE CITY, FL 33525

Title: P () Delete
Name: COBB, WAYNE
Address: 16851 ALMAR LANE
City-St-Zip: DADE CITY, FL 33523

Title: VPD () Delete
Name: BROCK, PETE
Address: 14319 ANDERSON ST.
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CUMBEE, RALPH W
Address: 36351 CLINTON AVE
City-St-Zip: DADE CITY, FL 33525

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

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

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Name:
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City-St-Zip:

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: RALPH W CUMBEE

TREA

06/08/2009

Electronic Signature of Signing Officer or Director

_____ Date