


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003827 1. Entity Name THE ROTARY CLUB OF NEW TAMPA FOUNDATION, INC.	
--	---

Principal Place of Business PO BOX 46446 TAMPA, FL 33647	Mailing Address PO BOX 46446 TAMPA, FL 33647
--	--

DO NOT WRITE IN THIS SPACE



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3722434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, J. MICHAEL 6805 E FOWLER AVE TAMPA, FL 33617
--

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

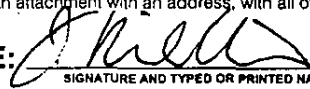
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC AMON, JOSEPH A 18730 FOREST GLENN CT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERADTS, BERNAROV 4926 LONDON DERRY DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, J. MICHAEL 6508 E FOWLER AVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SPIVEY, WILLIAM C 17530 EDINBURGH DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:



J. MICHAEL MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/25/08

Date

813/985-1148

Daytime Phone #

X 114