

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

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N01000006013

1. Entity Name
THE ROTARY CLUB OF MURDOCK FOUNDATION, INC.



Principal Place of Business
**PO BOX 380982
MURDOCK, FL 33938-0982**

Mailing Address
**PO BOX 380982
MURDOCK, FL 33938-0982**



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1131653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, JR., JOHN L
209 FLAMINGO BLVD.
PORT CHARLOTTE, FL 33954**

**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: _____ (NOTE: Registered Agent signature required when reappointing) 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	PP
NAME	ROBERTS, JOHN L
STREET ADDRESS	209 FLAMINGO BOULEVARD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954

TITLE	P
NAME	ZEHR, MARK MR.
STREET ADDRESS	24690 SANDHILL BLVD., STE #604
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983

TITLE	P
NAME	RUSSEL, EDMUND
STREET ADDRESS	5758 WILTON COURT
CITY-ST-ZIP	NORTH PORT, FL 34287

TITLE	T
NAME	DUNCAN, CONNIE
STREET ADDRESS	292 MCCABE ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953

TITLE	D
NAME	GAUTHIER, RIC
STREET ADDRESS	20340 ZELDA
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

TITLE	S
NAME	HOLBACH, ALAN
STREET ADDRESS	1041 FLEETWOOD DR.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948

U00000795320
01/28/08-80044-001 70.00

**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 817, 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: *Connie A. Duncan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie A. Duncan, Treasurer

01/17/08 941-2550815

Daytime Phone #