

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006520

FILED
Feb 25, 2009
Secretary of State

Entity Name: OCALA ROTARY FOUNDATION, INC.

Current Principal Place of Business:

121 NW THIRD STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

121 NW THIRD STREET
OCALA, FL 34475

New Mailing Address:

FEI Number: 01-0650657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, GARY C ESQ.
121 NW THIRD STREET
OCALA, FL 34475 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: DVP () Delete
Name: SIMONS, GARY C
Address: 121 NW 3RD ST
City-St-Zip: OCALA, FL 34475

Title: P () Delete
Name: DEAN, JONATHAN S
Address: 14035 NW CR 464 B
City-St-Zip: MORRISTON, FL 32668

Title: ST () Delete
Name: KELLY, KATHRYN K
Address: 3821 NE 19TH STREET CIRCLE
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: GUERRA, JUAN
Address: 4434 SE 13TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: GARY C. SIMONS

DVP

02/25/2009

Electronic Signature of Signing Officer or Director

Date