


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90009 037 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N01000006576</b>   |  |
| 1. Entity Name<br><b>ROTARY CLUB OF SOUTH JACKSONVILLE CHARITIES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>PO BOX 47546<br/>JACKSONVILLE, FL 32247</b> | Mailing Address<br><b>PO BOX 47546<br/>JACKSONVILLE, FL 32247</b> |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

40047714



03042008 Chg-NP CR2E037 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3750282</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>JOOST, HOBART<br/>2401 INDEPENDENT DR.<br/>JACKSONVILLE, FL 32202</b> | 7. Name and Address of New Registered Agent<br>Name <b>Charles Hyatt</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1515 Prudential Dr.</b><br>City <b>Jacksonville</b> FL Zip Code <b>32207</b> |
|---|---|

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 *Charles Hyatt* **Charles Hyatt** 3-11-08  
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

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CHANSLER, JAMES<br>POB 47546<br>JACKSONVILLE, FL 32247 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President - D<br>Robert Harris<br>PO Box 47546<br>Jax, FL 32247 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>JAYCOX, BILL<br>P.O. BOX 47546<br>JACKSONVILLE, FL 32247 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President - Elect - D<br>Vicki-Lynne Gloger<br>PO Box 47546<br>Jax, FL 32247 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KARTSONIS, HOLLY<br>POB 47546<br>JACKSONVILLE, FL 32247 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer - D<br>Charles Hyatt<br>PO Box 47546<br>Jax, FL 32247 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HARDAKER, JOY<br>POB 47546<br>JACKSONVILLE, FL 32247 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Robert Harris* **Robert Harris, Pres.** 3-11-08 904 396-4105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #