2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N01000007623

Entity Name: CORAL SPRINGS ROTARY CHARITIES, INC.

Current Principal Place of Business:

6260 W. ATL. BLVD.
C/O J. DOLAN
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

C/O MALCOM & BAKER CPAS (WILLIAM MALCOM)
1280 SW 36TH AVE, SUITE 200
POMPANO BEACH, FL 330694838

New Mailing Address:

FEI Number: 65-1148667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLAN, JAMES M
6260 W. ATLANTIC BLVD.
MARGATE, FL 33063 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:	PD	( ) Delete
Name:	DOLAN, JAMES M	
Address:	6260 W ATL BLVD	
City-St-Zip:	MARGATE, FL 33063	
Title:	VPT	( ) Delete
Name:	JABLON, SCOTT M	
Address:	8327 W ATLANTIC BLVD	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	VPD	( ) Delete
Name:	HENRY, JOE	
Address:	3688 CORALTREE CIRCLE	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	VPD	( ) Delete
Name:	JENNER, MARTY	
Address:	4153 NW 58TH DR	
City-St-Zip:	COCONUT CREEK, FL 33073	

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: JAMES DOLAN PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date