

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007623

FILED  
Apr 16, 2009  
Secretary of State

**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

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date