

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 009 ****61.25

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1. Entity Name
**THE FOUNDATION OF THE ROYAL PALM BEACH
ROTARY CLUB, INC.**



Principal Place of Business
**PO BOX 211015
ROYAL PALM BEACH, FL 33421-1015**

Mailing Address
**PO BOX 211015
ROYAL PALM BEACH, FL 33421-1015**

40050000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1158932

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERSON, ARTHUR R.
2442 WESTMONT PL
WEST PALM BEACH, FL 33411**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE **P** ☐ Delete
NAME **BALCH, LYNN**
STREET ADDRESS **182 MARTIN CIRCLE**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☒ Delete
NAME **BOYLE, JOSEPH**
STREET ADDRESS **157 MONTEREY WAY**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **T** ☐ Delete
NAME **WESCOTT, TERRI**
STREET ADDRESS **134 SARASOTA BLVD EAST**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **T** ☒ Delete
NAME **SCHERER, JOHN**
STREET ADDRESS **2365 WELLINGTON GR DR # 107**
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE **D** ☐ Delete
NAME **GIUSEPPE, CORINELLA**
STREET ADDRESS **14901 87TH STREET NORTH**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **BALCH, LYNN**
STREET ADDRESS **182 MARTIN CIRCLE**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **S** ☐ Change ☒ Addition
NAME **GORDON, ERIC**
STREET ADDRESS **900 CRESTWOOD COURT S. #901**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Change ☒ Addition
NAME **ARMAND, SCOTT**
STREET ADDRESS **277 CYPRESS TRACE**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **P** ☐ Change ☒ Addition
NAME **ANTHONY ENDLER**
STREET ADDRESS **1581 ROY DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **VP** ☒ Change ☐ Addition
NAME **GIUSEPPE, CORINELLA**
STREET ADDRESS **14901 87TH STREET NORTH**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/08