2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005914

Entity Name: ROTARY CLUB OF INDIAN ROCKS BEACH, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P O BOX 968 INDIAN ROCKS BEACH, FL 33785				12525 WALSINGHAM ROAD LARGO, FL 33774			
Current Mailing Address:				New Mailing Address:			
P O BOX 9 INDIAN RO	968 OCKS BEACH	, FL 33785					
FEI Number: 01-0740220 FEI Number Applied For () FEI N				lumber Not Applicable () Certificate of Status Desired ()			
Name and	Address of	Current Registered Agent:		Name and	Address of N	lew Regis	stered Agent:
BURNS, P 12525 WA LARGO, F	LSINGHAM R	_					
	named entity e of Florida.	submits this statement for the	purpose o	of changing i	ts registered o	ffice or reg	gistered agent, or both,
SIGNATU	RE:						
	Electro	nic Signature of Registered A	gent			D	ate
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFI	CERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DANTE, STEV 17167 2ND ST			Title: Name: Address: City-St-Zip:	V (X) SMARIDGE, BR 9575 131ST ST SEMINOLE, FL	REET N.) Addition
Title: Name: Address: City-St-Zip:	HENDRICKS,	TON GROVES BLVD		Title: Name: Address: City-St-Zip:	T (X) JOHLER, LYNN 112 10TH AVEN INDIAN ROCKS	IUE	,
Title: Name: Address: City-St-Zip:	HAFNER, TON 2900 GUP BLY			Title: Name: Address: City-St-Zip:	D (X) ATKINSON, WII 348 BAHIA VIST INDIAN ROCKS	TA DRIVE	,
Title: Name: Address: City-St-Zip:	SOBURT, BRU 406 18TH AVE			Title: Name: Address: City-St-Zip:	P (X) SOBUT, BRUCE 406 18TH AVE INDIAN ROCKS		
Title: Name: Address: City-St-Zip:	T (HOOVER, CIN 955 INDIAN RO LARGO, FL 33	DCKS ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	S (BURNS, PAUL 10173 W BAY SEMINOLE, FI	ST		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: PAUL J. BURNS S 04/30/2009