

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006438

FILED
Mar 24, 2008
Secretary of State

Entity Name: FOUR TOWNES ROTARY CLUB, INC.

Current Principal Place of Business:

1750 SOUTH VOLUSIA AVENUE
SUITE 7
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1750 SOUTH VOLUSIA AVENUE
SUITE 7
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 41-2059081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDESTY, ALONZO H III
1750 SOUTH VOLUSIA AVENUE
SUITE 7
ORANGE CITY, FL 32724 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: P/D (X) Delete
Name: SCHAPEROW, MARY
Address: 902 SWEETBRIAR DR
City-St-Zip: DELTONA, FL 32725

Title: D (X) Delete
Name: NEESE, MIKE
Address: 1615 DUNLAP DRIVE
City-St-Zip: DELTONA, FL 32725

Title: T/D () Delete
Name: OHERRON, JANET
Address: 3091 LYNNHAVEN ST
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: PEARCE, LESLIE
Address: 2015 NORTH NEMO DRIVE
City-St-Zip: DELTONA, FL 32725

Title: S/D () Delete
Name: NYSTRUM, DENISE
Address: 711 ALBERT LANE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: AGUSTA, VINCENT
Address: 600 DOLPHIN COVE
City-St-Zip: DEBARY, FL 32713

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:

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: JANET OHERRON

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03/24/2008

Electronic Signature of Signing Officer or Director

Date