

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007484

FILED
Apr 26, 2010
Secretary of State

Entity Name: THE LABELLE ROTARY CLUB, INC.

Current Principal Place of Business:

150 S MAIN ST
SUITE 1
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

PO BOX 1466
LABELLE, FL 33975

New Mailing Address:

FEI Number: 20-1460644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINBOTHAM, ANDREW
150 S. MAIN ST. STE 1
LABELLE, FL 33975 US

Name and Address of New Registered Agent:

HIGGINBOTHAM, ANDREW J CPA
150 S. MAIN ST. STE 1
LABELLE, FL 33975 US

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: ANDREW J HIGGINBOTHAM

04/26/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KARAU, MEL
Address: 5190 FT. DENAUD ROAD
City-St-Zip: LABELLE, FL 33935

Title: D
Name: HIGGINBOTHAM, ANDREW J
Address: 150 S. MAIN ST
City-St-Zip: LABELLE, FL 33935

Title: P
Name: NELSON, KEVIN
Address: 150 S. MAIN ST
City-St-Zip: LABELLE, FL 33935

Title: D
Name: LAPP, MARK
Address: 202 N CYPRESS ST.
City-St-Zip: LABELLE, FL 33935

Title: T
Name: BRUNETTO, MICHELLE
Address: 1990 CHRBLINS RD.
City-St-Zip: LABELLE, FL 33975

Title: S
Name: DALTON, CYN DEELEE
Address: P O BOX 220
City-St-Zip: LABELLE, FL 33975

I hereby 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 all other like empowered.

SIGNATURE: ANDREW J HIGGINBOTHAM

D

04/26/2010

Electronic Signature of Signing Officer or Director

Date