

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02196

FILED
Mar 23, 2009
Secretary of State

Entity Name: ROTARY CLUB OF EDGEWATER, FLORIDA, INC.

Current Principal Place of Business:

3220 SR 442
EDGEWATER, FL 32132

New Principal Place of Business:

1525 S RIDGEWOOD AVE
EDGEWATER, FL 32132

Current Mailing Address:

P.O. BOX 673
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-2411362 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALDRIDGE, ED
3220 SR 442
EDGEWATER, FL 32132 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 () Delete
Name: DOLLIESLAGER, DAVE
Address: 854 CHICKADEE DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: WILSON, GERMAINE
Address: 45 TIMBER TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: ROBERTS, GREG
Address: 2423 VISTA PALM
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: SCHMIDT, DON
Address: 1723 LIME TREE DR
City-St-Zip: EDGEWATER, FL 32132

Title: D (X) Delete
Name: ROSSITER, BILL
Address: P.O. BOX 388
City-St-Zip: EDGEWATER, FL 32132

Title: D (X) Delete
Name: SEYMOUR, KEVIN
Address: 2936 PINE TREE DR.
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTS, GREGORY
Address: 2423 VISTA PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: T (X) Change () Addition
Name: KOCMOUD, JIM
Address: 2923 OAK TRAIL
City-St-Zip: EDGEWATER, FL 32141

Title: S (X) Change () Addition
Name: REHBAUM, KARL
Address: 775 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

Title: D (X) Change () Addition
Name: HOLMES, STEVE
Address: 735 HAWKS RIDGE ROAD
City-St-Zip: PORT ORANGE, FL 32127

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: STEVE HOLMES

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date