

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000079

FILED
Jan 06, 2009
Secretary of State

Entity Name: STUART-SUNRISE ROTARY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1000 SE MONTEREY COMMONS
101
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1000 SE MONTEREY COMMONS
101
STUART, FL 34996

New Mailing Address:

FEI Number: 55-0814389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDOREK, JOHN J
C/O HILL, BARTH & KING
1000 SE MONTEREY COMMONS BLVD, 101
STUART, FL 34996 US

Name and Address of New Registered Agent:

FEDOREK, JOHN J
C/O HILL, BARTH & KING LLC
1000 SE MONTEREY COMMONS BLVD, 101
STUART, FL 34996 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:

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHOAF, DAVID
Address: 3142 SE INDIAN WELLS PL
City-St-Zip: STUART, FL 34997

Title: V () Delete
Name: COOMBS, ROBERT
Address: 588 NE MARANTA TERRADO
City-St-Zip: JENSEN BEACH, FL 34957

Title: T () Delete
Name: FEDOREK, JOHN
Address: 1277 SW JASMINE TRACE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: NALEZNY, JOHN
Address: 1238 SW EAGLEGLLEN PL
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: BUCKLEY, CYRIL
Address: 2310 SW WHITEMARSH WAY
City-St-Zip: PALM CITY, FL 34990

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:

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: JOHN FEDOREK

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date