2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# N03000000418

Entity Name: BOCA RATON CENTRAL ROTARY SENIOR LIFESAVERS FOUNDATION, INC.

Current Principal Place of Business:

1700 S DIXIE HWY.
STE. 403
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1700 S DIXIE HWY.
STE. 403
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-3765264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORKMAN, THOMAS
1700 S DIXIE HWY.
STE. 403
BOCA RATON, FL 33432 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:	FRAILBEVY, ROBERT	
Address:	824 PELICAN POINT COVE	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	V	( ) Delete
Name:	CHAPMAN, GARY	
Address:	33 SE 7TH ST., #A	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	T	( ) Delete
Name:	WORKMAN, THOMAS	
Address:	1700 S DIXE HWY., #403	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	JORDAN, KENITH	
Address:	2499 GLADES RD., #311	
City-St-Zip:	BOCA RATON, FL 33431	

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:	

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: THOMAS WORKMAN TREA 01/21/2008

Electronic Signature of Signing Officer or Director — Date