
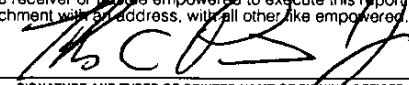


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90029 044 \*\*\*\*61.25

<b>DOCUMENT # N03000004960</b> 1. Entity Name ROTARY CLUB OF SAN JOSE JACKSONVILLE, INC.			
Principal Place of Business 6279 DUPONT STATION COURT JACKSONVILLE, FL 32217		Mailing Address 6279 DUPONT STATION COURT JACKSONVILLE, FL 32217	
2. Principal Place of Business - No P.O. Box # <b>1301 RIVERPLACE BLVD</b>		3. Mailing Address <b>1301 RIVERPLACE BLVD</b>	
Suite, Apt. #, etc. <b>2210</b>		Suite, Apt. #, etc. <b>2210</b>	
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>	
Zip <b>32207</b>		Zip <b>32207</b>	
Country <b>DUVAL</b>		Country <b>DUVAL</b>	
4. FEI Number <b>71-0927562</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PLEIMAN, JR., THOMAS C</b> <b>9471 BAYMEADOWS ROAD, SUITE 308</b> <b>JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	NAME <b>SCHAMLATY, RON</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>
STREET ADDRESS <b>6279 DUPONT STATION COURT</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
STREET ADDRESS <b>9471 BAYMEADOWS RD #308</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>RICHARD LAMEE</b>
STREET ADDRESS <b>1301 RIVERPLACE BLVD #2210</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
STREET ADDRESS <b>9471 BAYMEADOWS RD #308</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
STREET ADDRESS <b>9471 BAYMEADOWS RD #308</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
STREET ADDRESS <b>9471 BAYMEADOWS RD #308</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
STREET ADDRESS <b>9471 BAYMEADOWS RD #308</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
STREET ADDRESS <b>9471 BAYMEADOWS RD #308</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
STREET ADDRESS <b>9471 BAYMEADOWS RD #308</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
STREET ADDRESS <b>9471 BAYMEADOWS RD #308</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PLEIMAN, THOMAS</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> 		<b>1/22/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	