



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90027 024 ****61.25

DOCUMENT # N03000008582 1. Entity Name THE BELLEVIEW ROTARY FOUNDATION, INC.					
Principal Place of Business PO BOX 1717 OCALA, FL 34471-3762			Mailing Address P O BOX 1717 BELLEVIEW, FL 34421		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0483987	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KING, GREG ESQ 210 SE 8TH ST 2156 E. Silver Spgs. Blvd. OCALA, FL 34471-3762 OCALA, FL 34470				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;"> FL Zip Code </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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NADEAU, KENNETH 5226 SE 113 ST BELLEVIEW, FL 34420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGGINBOTHAM, JAMES P.O. Box 1717 (10050 SE 139 PL) BELLEVIEW, FL, 34421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GREG 310 SE 8TH STREET OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, JARROD 2156 E SILVER SPRGS BLVD. OCALA, FL, 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDBORN, LEE 1628 SE 29TH TERRACE OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Riddle, Rosemarie P.O. Box 1717 (1720 E Hwy 484) Belleview, FL, 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUDET, ANDRUS 4709 SE 102 PL STE. 3 BELLEVIEW, FL 34420	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D King, Greg 2156 E. Silver Spgs Blvd OCALA, FL, 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HATCH, KAREN 2001 SW 87 PL OCALA, FL 34476	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marauis, Joey 5407 SE 111 ST Belleview, FL, 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE:  Kenneth R. Nadeau, C.D. 4/16/08 352-629-6556					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					