# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008582

FILED Apr 16, 2009 Secretary of State

Entity Name: THE BELLEVIEW ROTARY FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

PO BOX 1717 1720 SE HWY 484 OCALA, FL 344713762 BELLEVIEW, FL 34420

**Current Mailing Address: New Mailing Address:** 

P O BOX 1717 BELLEVIEW, FL 34421

FEI Number: 51-0483987 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KING, GREG ESQ 2156 E. SILVER SPRING BLVD. OCALA, FL 34470

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:

Date

### Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

( ) Delete NADEAU, KENNETH RIDDLE, PAUL JR Name: Name: 5226 SE 113 ST Address: P O BOX 1717 Address:

City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: BELLEVIEW, FL 34421 17

Title: Title: (X) Change ( ) Addition ( ) Delete KING, GREG Name: NADEAU, KENNETH Name:

Address: 310 SE 8TH STREET Address: P O BOX 1717 City-St-Zip: OCALA, FL 34471 City-St-Zip: BELLEVIEW, FL 34421

Title: () Delete Title: (X) Change ( ) Addition

RIDDLE, ROSEMARIE RIDDLE, ROSEMARIE Name: Name: P.O. BOX 1717 1720 E HWY 484 Address: Address: P O BOX 1717

City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: BELLEVIEW, FL 34421

( ) Delete Title: Title: (X) Change ( ) Addition Name: GREG, KING Name: RONEN, STEVEN

2156 E. SILVER SPRG BLVD. Address: Address: 11791 SE US 441 BELLEVIEW, FL 34420 City-St-Zip: OCALA, FL 34470 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

MORQUIS, JOEY KING, JARROD Name: Name:

5407 SE 111 ST. 2156 E SILVER SPRS BLVD Address: Address:

City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: OCALA, FL 34470

Title: () Delete Title: ( ) Change (X) Addition

MCFATTEN, DENNIS Name: Name: Address: Address: P O BOX 1717 BELLEVIEW, FL 34421 City-St-Zip: 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: KENNETH NADEAU D 04/16/2009