2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N03000009032

Entity Name: THE ROTARY CLUB OF RIVERVIEW FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 2567
RIVERVIEW, FL 33568

New Principal Place of Business:

11202 LONGBROOKE DR.
RIVERVIEW, FL 33569

Current Mailing Address:

P.O. BOX 2567
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 65-1208324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARZ, WILLIAM P
7406 COMMERCE STREET
RIVERVIEW, FL 33569 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: D ( ) Delete
Name: BILYEU, ANNETTE D
Address: 11059 GOLDEN SILENCE DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: PROUX, PATRICIA J
Address: 13108 PRESTWICK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: SCHWARZ, WILLIAM P
Address: 7406 COMMERCE ST
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: NORTHRUP, PAUL
Address: 2720 S. FALKENBURG RD.
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: STICK, GINNY
Address: 6415 CLAIRE SHORE DR.
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BILYEU, ANNETTE D
Address: 11202 LONGBROOKE DR..
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Change ( ) Addition
Name: NORTHRUP, PAUL
Address: 2720 S. FAULKENBURG RD.
City-St-Zip: RIVERVIEW, FL 33569

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 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: WILLIAM P. SCHWARZ D 03/28/2007

Electronic Signature of Signing Officer or Director — Date