

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009032

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

10520 RIVERVIEW DR
RIVERVIEW, FL 33569

New Principal Place of Business:

7406 COMMERCE ST.
RIVERVIEW, FL 33578

Current Mailing Address:

P.O. BOX 2567
RIVERVIEW, FL 33568

New Mailing Address:

P.O. BOX 2567
RIVERVIEW, FL 33568 US

FEI Number: 65-1208324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, GWEN J
6019 WINTHROP COMMERCE AVE
RIVERVIEW, FL 33578 US

Name and Address of New Registered Agent:

SCHWARZ, WILLIAM P
7406 COMMERCE ST.
RIVERVIEW, FL 33578 US

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: WILLIAM P. SCHWARZ

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORTHROP, PAUL
Address: 10438 HALLMARK BLVD
City-St-Zip: RIVERVIEW, FL 33578

Title: D () Delete
Name: BRIDGES, TOM
Address: 10520 RIVERVIEW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: WALKER, SHERRI
Address: 10520 RIVERVIEW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: CONNER, GWEN
Address: 6019 WINTHROP COMMERCE AVE
City-St-Zip: RIVERVIEW, FL 33578

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RODRIGUEX, DENISE
Address: 9902 BRANFORD CT.
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Change () Addition
Name: LE MAR, DAVID SR.
Address: 1502 CROOKED STICK DR.
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change () Addition
Name: SCHWARZ, WILLIAM P
Address: 7406 COMMERCE ST.
City-St-Zip: RIVERVIEW, FL 33578

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: WILLIAM P. SCHWARZ

DIRE

04/23/2009

Electronic Signature of Signing Officer or Director

Date