
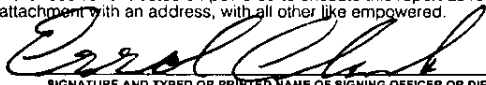


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90014 002 ****61.25

DOCUMENT # N04000000755 1. Entity Name ROTARY CLUB OF ESTERO FOUNDATION, INC.					
Principal Place of Business PO BOX 743 ESTERO, FL 33928			Mailing Address PO BOX 743 ESTERO, FL 33928		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURNETT, DEBORAH L 860 CORKSCREW RD ESTERO, FL 33928				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYNES, LAWRENCE		NAME	Kevin Morrison	
STREET ADDRESS	17581 STERKUN LAKE DR		STREET ADDRESS	27499 Riverview Center Dr	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRD, HENRY		NAME	Errol L. Clark III	
STREET ADDRESS	27152 EDENBRIDGE CT.		STREET ADDRESS	3461 Bonita Bay Blvd, #108	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAERBER, JOSEPH		NAME	Pavich, Joe	
STREET ADDRESS	11400 PEMBROOK RUN		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POVICH, JOSEPH		NAME	Pavich, Joe	
STREET ADDRESS	22569 ISLAND LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rosemarie Hurley	
STREET ADDRESS			STREET ADDRESS	19777 Vintage Trace Cr	
CITY-ST-ZIP			CITY-ST-ZIP	Fort Myers, FL 33967	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			2/18/08 239 952 0620		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		