


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90054 001 ****61.25

DOCUMENT # N04000009858		
1. Entity Name ROTARY FOUNDATION OF ANNA MARIA ISLAND, INC.		

Principal Place of Business 5313 GULF DRIVE HOLMES BEACH, FL 34217	Mailing Address 5313 GULF DRIVE HOLMES BEACH, FL 34217
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2. Principal Place of Business - No P.O. Box # 5312 GULF DR	3. Mailing Address P.O. BOX 1344
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04242007 Chg-NP CR2E037 (12/06)

City & State HOLMES BEACH FL	City & State HOLMES BEACH FL
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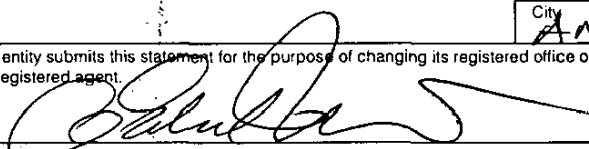
4. FEI Number 86-1122241	Applied For Not Applicable
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Zip 34217	Country FLORIDA	Zip 34218	Country FLORIDA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOM CREED 106 49TH STREET HOLMES BEACH, FL 34217	
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7. Name and Address of New Registered Agent Name EDW MISNER Street Address (P.O. Box Number is Not Acceptable) 738 JACARANDA RD P.O. BOX 4335 City ANNA MARIA FL Zip Code 34216	
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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 	DATE 4/30/07

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNALD, DONALD C 401 75TH STREET HOLMES BEACH, FL 34217 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLUETER, STEPHEN 603 MILL RUN EAST BRADENTON, FL 34212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SECRETARY SESTERHENN, BIRGIT 5312 MARINA DR HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNNE, JAMES 6400 FLOTILLA DR HOLMES BEACH, FL 34217 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ED, MISNER 738 JACARANDA P.O. BOX 4335 ANNA MARIA, FL 34216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN, LUCKOWEC 11201 VERANDA CT BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAM SCHLUETER 603 MILL RUN EAST BRADENTON, FL 34212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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SIGNATURE: 	DATE 4/30/07	DAYTIME PHONE # 941-778-8585
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