

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009858

FILED
Jan 15, 2008
Secretary of State

Entity Name: ROTARY FOUNDATION OF ANNA MARIA ISLAND, INC.

Current Principal Place of Business:

5312 GULF DR.
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

PO BOX 1344
HOLMES BEACH, FL 34218

New Mailing Address:

FEI Number: 86-1122241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISNER, ED W
738 JACARANDA RD.
PO BOX 4335
ANNA MARIA, FL 34216 US

Name and Address of New Registered Agent:

MISNER, ED W
738 JACARANDA RD.
ANNA MARIA, FL 34216 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:

01/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHLUETER, PAM
Address: 603 MILL RUN EAST
City-St-Zip: BRADENTON, FL 34212

Title: D () Delete
Name: SCHLUETER, STEPHEN
Address: 603 MILL RUN EAST
City-St-Zip: BRADENTON, FL 34212

Title: S () Delete
Name: SESTERHENN, BIRGIT
Address: 5312 MARINA DR
City-St-Zip: HOLMES BEACH, FL 34217

Title: T () Delete
Name: ED, MISNER
Address: 738 JACARANDA ROAD
City-St-Zip: ANNA MARIA, FL 34216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ED MISNER

T

01/15/2008

Electronic Signature of Signing Officer or Director

Date