## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000278

FILED Feb 04, 2009 Secretary of State

Entity Name: THE ROTARY CLUB OF PONTE VEDRA BEACH SUNSET, INC.

Current Principal Place of Business: New Principal Place of Business:

510 HIGHWAY A1A NORTH 818 HIGHWAY A1A NORTH

PONTE VEDRA BCH, FL 32082 PONTE VEDRA BCH, FL 32082 US

Current Mailing Address: New Mailing Address:

P.O.BOX 612 P.O.BOX 612

PONTE VEDRA BCH, FL 32004 PONTE VEDRA BCH, FL 32004 US

FEI Number: 20-1675015 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENSON, DEBORAH E MAURER, CAROL PRES. 13064 QUINCY BAY DR 601 N. WILDERNESS TRAIL

JACKSONVILLE, FL 32224 US PONTE VEDRA BEACH, FL 32082 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: CAROL MAURER 02/04/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: ANDERSON, MIKE Name: MAURER, CAROL

 Address:
 P.O.BOX 612
 Address:
 P.O.BOX 612

 City-St-Zip:
 PONTE VEDRA BCH, FL 32004
 City-St-Zip:
 PONTE VEDRA BCH, FL 32004

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition Name: WORTMANN, KEVIN Name: MENCKE, JOHN

Address: P.O.BOX 612 Address: P.O.BOX 612

City-St-Zip: PONTE VEDRA BCH, FL 32004 City-St-Zip: PONTE VEDRA BCH, FL 32004

Title: DS ( ) Delete Title: PE (X) Change ( ) Addition

Name: MAURER, CAROL Name: RADCLIFFE, JOANN
Address: P.O.BOX 612 Address: P.O.BOX 612

City-St-Zip: PONTE VEDRA BCH, FL 32004 City-St-Zip: PONTE VEDRA BCH, FL 32004

Title: ( ) Delete Title: DS ( ) Change (X) Addition

Title: ( ) Delete Title: DS ( ) Change (X) Addition Name: Name: ANDERSON, MIKE

Address: P.O. BOX 612

City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32004

Name: SPELLMAN, CHESTER

Address: Address: P.O. BOX 612

City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: ( ) Delete Title: BM ( ) Change (X) Addition

 Name:
 Name:
 WAINE, BANYAS

 Address:
 Address:
 P.O. BOX 612

City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32004

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: CAROL MAURER DP 02/04/2009