

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006304

FILED
Feb 26, 2008
Secretary of State

Entity Name: ROTARY DISTRICT 6950 CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

9075 SEMINOLE BLVD
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

9075 SEMINOLE BLVD
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 20-3136919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULER, TIMOTHY C ESQ
9075 SEMINOLE BLVD
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROWN, JARED D
Address: 17757 US HWY 19 N. STE 325
City-St-Zip: CLEARWATER, FL 33764

Title: DT () Delete
Name: SMITH, THOEDORE J
Address: 1700 66TH STREET N SUITE 304
City-St-Zip: ST PETERSBURG, FL 337106226

Title: DVP () Delete
Name: BEIL, EUGENE
Address: 12312 US HWY 9
City-St-Zip: HUDSON, FL 34667

Title: DS () Delete
Name: WEST, DAVID
Address: 14121 19TH CT
City-St-Zip: DADE CITY, FL 33525

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BROWN, JARED D
Address: 17757 US HWY 19 N. STE 325
City-St-Zip: CLEARWATER, FL 33764

Title: T (X) Change () Addition
Name: BROWN, LEE
Address: 13351 SOUTH 10TH
City-St-Zip: DADE CITY, FL 33525

Title: DP (X) Change () Addition
Name: PALONDER, DOUGLAS
Address: 2515 COUNTRYSIDE BLVD.
City-St-Zip: CLEARWATER, FL 33763

Title: DS (X) Change () Addition
Name: SLOSBERG, PAUL
Address: 2924 W. CROOKED STICK COURT
City-St-Zip: LECANTO, FL 34461

Title: D () Change (X) Addition
Name: SNEDEKER, CLIFFORD
Address: 100 N. MISSOURI AVE
City-St-Zip: CLEARWATER,, FL 33775

Title: D () Change (X) Addition
Name: BALA, SAM
Address: 3791 PALM AVENUE
City-St-Zip: DADE CITY, FL 33525

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: TIMOTHY C. SCHULER

RA

02/26/2008

Electronic Signature of Signing Officer or Director

Date