


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90086 047 \*\*\*\*61.25

<b>DOCUMENT # N05000007350</b>	
1. Entity Name <b>ROTARY CLUB OF FERNANDINA BEACH CHARITABLE FUND, INC.</b>	

Principal Place of Business 1551 S. 14TH STREET BLDG. 1, SUITE B FERNANDINA BEACH, FL 32034	Mailing Address 1551 S. 14TH STREET BLDG. 1, SUITE B FERNANDINA BEACH, FL 32034
--	--

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
-----	---------	-----	---------

400142



01292007 Chg-NP CR2E037 (12/06)

4. FEI Number 03-0568441	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
V. JAMES FACCILOLO 1551 S. 14TH STREET BLDG 1, SUITE B FERNANDINA BEACH, FL 32034	

7. Name and Address of New Registered Agent	
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, 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
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MYERS, LARRY D
STREET ADDRESS	2122 CEDAR STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	SELL, STEVEN W
STREET ADDRESS	402 CENTRE STREET, STE. G
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	RIDLEY, FRANK M
STREET ADDRESS	1750 S. 14TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	MCGILL, SEAN P
STREET ADDRESS	650 AIRPORT ROAD
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	TOWLES, JENNIFER L
STREET ADDRESS	1470 S. 8TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	HARDING, KIM
STREET ADDRESS	1891 S. 14TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harding, Kim
STREET ADDRESS	1500 Sadler Rd.
CITY-ST-ZIP	Fernandina Beach, FL 32034

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 title empowered.

SIGNATURE: <i>Kim Harding</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	Kim Harding-Director	1/29/07	904.321.2337

603583