

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008734

FILED
Apr 03, 2009
Secretary of State

Entity Name: PALMETTO ROTARY EDUCATION FUND INC.

Current Principal Place of Business:

430 8TH AVE W
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

430 8TH AVE W
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-0519319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGFORD, W. ALLEN
320 15TH AVE W
PALMETTO, FL 34221 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: PT () Delete
Name: LANGFORD, W. ALLEN
Address: 320 15TH AVE
City-St-Zip: W PALMETTO, FL 34221

Title: VS () Delete
Name: J. SCOTT, MALONEY
Address: 317 17TH ST
City-St-Zip: W PALMETTO, FL 34221

Title: D (X) Delete
Name: TERRY, JAMES
Address: 1528 43RD AVE DR
City-St-Zip: W PALMETTO, FL 34221

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:

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: W. ALLEN LANGFORD

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date