2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N05000010347

Entity Name: ROTARY CLUB OF PACE FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 1056
PACE, FL 32571

New Principal Place of Business:

900 N12TH AVE
PENSACOLA, FL 32501

Current Mailing Address:

P.O. BOX 1056
PACE, FL 32571

New Mailing Address:

FEI Number: 20-3789824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURST, TIFFANY A.
220 W. GARDEN ST., 9TH FLOOR
PENSACOLA, FL 32502 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: T ( ) Delete
Name: WEOKS, LISA
Address: 3099 SOUTHPORK DRIVE
City-St-Zip: PACE, FL 32571

Title: T ( ) Delete
Name: PORTER, MARGARET
Address: P.O. BOX 1056
City-St-Zip: PACE, FL 32571

Title: T ( ) Delete
Name: NEWCHURCH, GREG
Address: P.O. BOX 1056
City-St-Zip: PACE, FL 32571

Title: ED ( ) Delete
Name: HALL, WENDELL
Address: P.O. BOX 1056
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: WEEKS, LISA
Address: 3099 SOUTHPORK DRIVE
City-St-Zip: PACE, FL 32571

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: FRANCI M RIEHLE T 02/26/2009

Electronic Signature of Signing Officer or Director — Date