


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 024 ****70.00

DOCUMENT # N06120	
1. Entity Name BRADENTON ROTARY FOUNDATION INCORPORATED	

Principal Place of Business 601 12TH STREET WEST BRADENTON, FL 34205	Mailing Address PO BOX 551 BRADENTON, FL 34206
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01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2480884	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINLAN, JOHN V 601 12TH STREET WEST BRADENTON, FL 34205
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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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO VANDEGRIFT, LEE W 1001 3RD AVE W STE 600 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP HITCHCOCK, KIM JOHNSON, AZELL JR. 14705 MCCORRADDY ROAD 3119 9TH AVE DR E BALM, FL 33503 PALMETTO FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO STUCK, JOHN STODDARD, MARY SCOTT 5712 9TH AVE DR W 6533 BAYOU HAMMOCK RD. BRADENTON, FL 34209 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO AHERTON, SUSAN SCHNEIDER, RON 771 OLD COMPASS RD 3802 CHINABERRY RD. LONGBOAT KEY, FL 34228 BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADKINS, JAMES 4208 BAMBINO TERRACE BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: _____ **1/7/08** **Date** _____ **Daytime Phone #** _____