

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005744

FILED
Apr 22, 2009
Secretary of State

Entity Name: ROTARY CLUB OF TRINITY, FLORIDA, INC

Current Principal Place of Business:

6345 LAMBERT LANE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 238
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: 65-1308175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAREL, JOHN A
6345 LAMBERT LANE
NEW PORT RICHEY, FL 34652 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: P () Delete
Name: KINNARD, CAROL L
Address: 6828 RIVER ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP () Delete
Name: SHERRELL, TIMOTHY
Address: 4940 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34606

Title: S () Delete
Name: SUITERS, CHARKAY
Address: 8610 GALEN WILSON BOULEVARD
City-St-Zip: PORT RICHEY, FL 34604

Title: T () Delete
Name: GLEWEN, CANDACE
Address: 10820 STATE ROAD 54
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLEWEN, CANDACE
Address: 10820 STATE ROAD 54
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SILLE, KATHRYN A
Address: 8015 SYCAMORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

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: KATHRYN A. SILLE

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date