2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N07000006433

Entity Name: TALLAHASSEE NORTHSIDE ROTARY CLUB, INC.

Current Principal Place of Business:

3131 LONNBLADH ROAD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16636
TALLAHASSEE, FL 323176636 US

New Mailing Address:

FEI Number: 23-7210900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDMAN, TOM
3131 LONNBLADH ROAD
TALLAHASSEE, FL 32308 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:	PRES	( ) Delete
Name:	FRIEDMAN, TOM	
Address:	7791 CRICKLEWOOD DRIVE	
City-St-Zip:	TALLAHASSEE, FL US	
Title:	VP	( ) Delete
Name:	SHEEDY, BRIAN	
Address:	3081 SAWGRASS CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	TRES	( ) Delete
Name:	BACON, ROBERT K	
Address:	3131 LONNBLADH ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	SECY	( ) Delete
Name:	MCCLELLAND, STEVE	
Address:	3583 VELDA WOODS DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309	

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:	
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: ROBERT K. BACON TRES 01/08/2009

Electronic Signature of Signing Officer or Director — Date