

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010296

FILED  
Mar 26, 2008  
Secretary of State

**Entity Name:** ROTARY CHARITIES OF NORTH JACKSONVILLE, INC.

**Current Principal Place of Business:**

9767 CARBONDALE DR. EAST  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

9767 CARBONDALE DR. EAST  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARMON, MATTHEW  
9767 CARBONDALE DR. EAST  
JACKSONVILLE, FL 32208      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: PD                      ( ) Delete  
Name: GARMON, MATTHEW  
Address: 9767 CARBONDALE DR. EAST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD                      ( ) Delete  
Name: WHEELER, MICHAEL  
Address: 2299 FAIRWAY VILLAS  
City-St-Zip: JACKSONVILLE, FL 32233

Title: SD                      ( ) Delete  
Name: PIERNO, RALPH  
Address: 68 SUNSET DR.  
City-St-Zip: WOODBINE, GA 31569

Title: T                      ( ) Delete  
Name: CHELIUS, KERSTIN  
Address: 7789 DEERWOOD PT. CT.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D                      ( ) Delete  
Name: COMPTON, WAYNE  
Address: 704 VALLEY FORGE RD.  
City-St-Zip: JACKSONVILLE, FL 32208

**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:

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: MATTHEW S. GARMAN

PRES

03/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date