

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2012
Secretary of State

Entity Name: ROTARY CHARITIES OF NORTH JACKSONVILLE, INC.

Current Principal Place of Business:

7436 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

7436 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 90-0641101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, WAYNE
7436 LEM TURNER RD
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
Name: HOWE, MICHAEL
Address: 9237 ROSEWATER LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: GARMAN, MATHEW
Address: 9767 CARBONDALE DRIVE E
City-St-Zip: JACKSONVILLE, FL 32208

Title: SAAD
Name: COMPTON, WAYNE
Address: 704 VALLEY FORGE ROAD
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: D
Name: LAWHON, KARL E
Address: 1532 HALLIDAY LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: SECY
Name: BROOKS, DEL
Address: 12789 MUIRFIELD BLVD N
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: KERSTIN A CHELIUS

TREA

03/09/2012

Electronic Signature of Signing Officer or Director

Date