

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


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

02-26-2008 90011 018 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # N07000010716 1. Entity Name PALM BEACH FLAGLER ROTARY FOUNDATION, INC.					
Principal Place of Business 265 SUNRISE AVENUE STE 204 PALM BEACH FL 33480		Mailing Address PO BOX 415 PALM BEACH FL 33480			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FELN Number 77-0706866	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, LEE B ESO 265 SUNRISE AVENUE STE 204 PALM BEACH FL 33480			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 is required when registering) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRIBBY, THOMAS 265 SUNRISE AVENUE STE 204 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tribby, Thomas President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 Palmetto Lane W. Palm Beach, FL 33405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYBOLD, PATRICIA 265 SUNRISE AVENUE STE 204 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patricia Reybold 3800 Washington Rd #301 W. Palm Beach, FL 33405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELWELL, PETER 265 SUNRISE AVENUE STE 204 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John O'Neill 44 Colcanut Row #m202 Palm Beach, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEFIELD, GRAHAM 265 SUNRISE AVENUE STE 204 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STORCH, CRAIG 265 SUNRISE AVENUE STE 204 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOSTER, ROBERT 265 SUNRISE AVENUE STE 204 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Foster 2295 S. Ocean Blvd #500 Apt. 410 Palm Beach, FL 33480		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Robert Foster</i>		12 March 2008 561 585-5630			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Foster		Date Daytime Phone #			