


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07121</b> 1. Entity Name ROTARY CLUB OF CHIEFLAND, FLORIDA, INC.	
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Principal Place of Business 105 E PARK AVE CHIEFLAND, FL 32626	Mailing Address 105 E PARK AVE CHIEFLAND, FL 32644 US
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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2581303	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BEAUCHAMP, ROBERT 105 E. PARK AVE P.O. BOX 1777 CHIEFLAND, FL 32626
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**DO NOT WRITE  
IN THIS SPACE**

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 required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOUNT, ROBERT 110 EAST PARK AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAUCHAMP, ROBERT J 105 EAST PARK AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADICE, DENNIS 114 RODGERS BLVD CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWEN, DALE 4391 NW 60TH AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000931894  
05/22/08-80032-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **4/23/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #