2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07121

FILED Feb 21, 2009 Secretary of State

Entity Name: ROTARY CLUB OF CHIEFLAND, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

105 E PARK AVE CHIEFLAND, FL 32626

Current Mailing Address: New Mailing Address:

105 E PARK AVE PO BOX 1777

CHIEFLAND, FL 32644 US CHIEFLAND, FL 32644 US

FEI Number: 59-2581303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BEAUCHAMP, ROBERT

105 E. PARK AVE

P.O.BOX 1777

CHIEFLAND, FL 32626 US

BEAUCHAMP, ROBERT

105 E. PARK AVE

CHIEFLAND, FL 32626 US

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: 02/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: D (X) Change () Addition

 Name:
 MOUNT, ROBERT
 Name:
 MOUNT, ROBERT

 Address:
 110 EAST PARK AVE
 110 EAST PARK AVE

 City-St-Zip:
 CHIEFLAND, FL 32626
 City-St-Zip:
 CHIEFLAND, FL 32626

Title: T () Delete Title: () Change () Addition

 Name:
 BEAUCHAMP, ROBERT J
 Name:

 Address:
 105 EAST PARK AVE
 Address:

 City-St-Zip:
 CHIEFLAND, FL 32626
 City-St-Zip:

 Name:
 RADICE, DENNIS
 Name:
 MICHAELIS, MIKE

 Address:
 114 RODGERS BLVD
 Address:
 US HWY 19 NORTH

 City-St-Zip:
 CHIEFLAND, FL 32626
 City-St-Zip:
 CHIEFLAND, FL 32626

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VP/D} \qquad ({\sf X}) \, {\sf Change} \ (\) \, {\sf Addition}$

 Name:
 BOWEN, DALE
 Name:
 MARTIN, WILLIAM

 Address:
 4391 NW 60TH AVE
 Address:
 2737 NW 58TH BLVD

 City-St-Zip:
 CHIEFLAND, FL 32626
 City-St-Zip:
 GAINESVILLE, FL 32606

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 DOUGLAS, ROBERT

 Address:
 Address:
 14 E PARK AVE

 City-St-Zip:
 City-St-Zip:
 CHIEFLAND, FL 32626

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 BEAUCHAMP T 02/21/2009