

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000757

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** ROTARY DISTRICT 6940 YOUTH EXCHANGE PROGRAM, INC.

**Current Principal Place of Business:**

621 W. MIRACLE STRIP PARKWAY  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

621 W. MIRACLE STRIP PARKWAY  
MARY ESTHER, FL 32569

**New Mailing Address:**

**FEI Number:** 32-0237687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRYOR, FREDRICK L  
621 W. MIRACLE STRIP PARKWAY  
MARY ESTHER, FL 32569 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: D ( ) Delete  
Name: PRYOR, FREDRICK L  
Address: 621 W. MIRACLE STRIP PARKWAY  
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete  
Name: PARKER, JULIE T  
Address: 4145 MONTALVO DR.  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: ASMUS, BOB  
Address: 5532 TWIN CREEK CIRCLE  
City-St-Zip: PACE, FL 32517

**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:

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: FREDRICK L. PRYOR

D

03/31/2009

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

\_\_\_\_\_  
Date