2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004671

FILED Apr 17, 2009 Secretary of State

Entity Name: ROTARY CLUB OF NORTH PORT CENTRAL INC.

urrent P	rincipal Place	of Business:	New Principal Place	ce of Business:
	AMIAMI TRAIL			
NIT D ORTH P	ORT, FL 34287	7		
urrent N	lailing Addres	s:	New Mailing Addr	ess:
O. BOX ORTH P	7783 ORT, FL 34287	7		
El Number	: 26-2615762	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
381 NIME	I, MARIA M BUS DRIVE ORT, FL 34287	7 US		
a abovo	named antity c	ubmits this statement for the	ournoss of changing its registe	ared office or registered agent, or both
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
	e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
the State	e of Florida.	ubmits this statement for the positions of the positions of Registered Ago		ered office or registered agent, or both, Date
the State	e of Florida.	c Signature of Registered Age	ent	
the State	e of Florida. RE: Electroni S AND DIRECT	ic Signature of Registered Ago F ORS: Delete T DRIVE	ent	Date
the State GNATUI FFICER le: me: dress: y-St-Zip: le: me: dress:	e of Florida. RE: Electroni S AND DIRECT P () LOTH, VALERIE 38 RIVERFRON VENICE, FL 343	ic Signature of Registered Age FORS: Delete T DRIVE 293 Delete ILES RICAN BLVD	ent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTO
the State GNATUI FFICER le: ume: dress:	e of Florida. RE: Electroni S AND DIRECT P () LOTH, VALERIE 38 RIVERFRON VENICE, FL 34: VP () HASHEM, CHAR 5085 PAN AMER NORTH PORT, F	ic Signature of Registered Age FORS: Delete T DRIVE 293 Delete ELES RICAN BLVD FL 34287 Delete	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR () Change () Addition

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: MARIA M KALAPATI TREA 04/17/2009