2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009527

FILED Jan 20, 2009 Secretary of State

Entity Name: ROTARY CLUB OF FLEMING ISLAND FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1815 CREEKWOOD LN FLEMING ISLAND, FL 32003 **Current Mailing Address: New Mailing Address:** PO BOX 9000 FLEMING ISLAND, FL 32006 FEI Number: 45-0593710 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: ARNWINE, PATRICK 1815 CREÉKWOOD LN FLEMING ISLAND, FL 32003 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete **PRES** () Change (X) Addition JOHNSON, LARRY Name: Name: Address: Address: 4980 PINE AVE City-St-Zip: City-St-Zip: FLEMING ISLAND, FL 32003 Title: Title: () Change (X) Addition () Delete MANGUS, PRESTON L III Name: Name: Address: Address: 2297 STOCKTON DRIVE City-St-Zip: City-St-Zip: GREEN COVE SPRINGS, FL 32043 Title: () Delete Title: SEC () Change (X) Addition ARNWINE, PATRICK O Name: Name: 1815 CREEKWOOD LN Address: Address: City-St-Zip: City-St-Zip: FLEMING ISLAND, FL 32003 () Change (X) Addition Title: () Delete Title: **SGTA** HIERS, GARY Name: Name: 4765 WEST LAKESHORE DR Address: Address: City-St-Zip: City-St-Zip: FLEMING ISLAND, FL 32003 Title: () Delete Title: TRES () Change (X) Addition CHOP, NICK Name: Name: 1207 SALT MARSH LN Address: Address: City-St-Zip: City-St-Zip: FLEMING ISLAND, FL 32003

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: NICK CHOP TRES 01/20/2009