

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16366

FILED  
Mar 13, 2008  
Secretary of State

**Entity Name:** ROTARY FOUNDATION OF FORT MYERS SOUTH, INC.

**Current Principal Place of Business:**

6810 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2607  
FORT MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number:** 59-2707408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLIFFORD CHAIPEL, CPA  
6810 INTERNATIONAL CENTER BLVD  
FT MYERS, FL 33912 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: P ( ) Delete  
Name: WHEELER, WILSON  
Address: PO BOX 2607  
City-St-Zip: FORT MYERS, FL 33902

Title: T ( ) Delete  
Name: CHAIPEL, CLIFF  
Address: PO BOX 2607  
City-St-Zip: FT. MYERS, FL 33902

Title: D ( ) Delete  
Name: UNDERHILL, TIM  
Address: PO BOX 2607  
City-St-Zip: FT. MYERS, FL 33902

Title: D ( ) Delete  
Name: DORAGH, PETE  
Address: PO BOX 2607  
City-St-Zip: FORT MYERS, FL 33902

Title: S ( ) Delete  
Name: TEW, MICHAEL  
Address: PO BOX 2607  
City-St-Zip: FORT MYERS, FL 33902

**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:

Title: D (X) Change ( ) Addition  
Name: CHANCELLOR, JACK  
Address: PO BOX 2607  
City-St-Zip: FORT MYERS, FL 33902

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: CLIFF CHAIPEL

T

03/13/2008

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

\_\_\_\_\_  
Date