2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90225 027 ****61.25

DOCUMENT # N28357

1. Entity Name
ROTARY CLUB OF CRYSTAL RIVER-KINGS BAY, INC.

Principal Place of Business	Mailing Address
P.O BOX 27 CRYSTAL RIVER, FL 34423-0027 US	P.O BOX 27 CRYSTAL RIVER, FL 34423 US

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2918952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PROFFER, ROGER B
1014 S.E. 4TH AVE
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name: Shelby Weingarten
Street Address (P.O. Box Number is Not Acceptable): 23 Pine Drive
City: Homosassa FL Zip Code: 34446

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shelby Weingarten Shelby Weingarten 1-8-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINGATIN, SHELBY 23 PICE DR. HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Shelby WEINGARTEN 23 Pine Drive Homosassa FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PROFFER, ROGER B 1014 SE 4 TH AVE CRYSTAL RIVER, FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCELVEY, HUGH 7850 W. GLEADALE CT. DUNNELLON, FL 34433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOCK, ROBERT 1226 NE 42ND AVE OCALA, FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Karen Wasey Treasurer 1022 W Lakevalley Ct. Hernando, FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSTON, EDWARD R 531 N CITRUS AVE CRYSTAL RIVER, FL 34448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Johston, Edward R 531 N. Citrus Ave Crystal River FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLYMER, GALEN 1112 SE PARADISE AVE CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Clymer, Galen 1112 SE PARADISE AVE Crystal River, FL 34429	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shelby Weingarten 1-8-08 352-382-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Shelby WEINGARTEN