2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N28357

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

Current Principal Place of Business:

P.O BOX 27
CRYSTAL RIVER, FL 344230027 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 27
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

P.O BOX 27
CRYSTAL RIVER, FL 344230027 US

FEI Number: 59-2918952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINGARTEN, SHELBY
23 PINE DR
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

CLYMER, GALEN R
1112 SE PARADISE AVE
CRYSTAL RIVER, FL 34429 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: GALEN R. CLYMER 04/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEINGARTEN, SHELBY
Address: 23 PINE DR
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: MCELVEY, HUGH
Address: 7850 W. GLEADALE CT.
City-St-Zip: DUNNELLON, FL 34433

Title: T ( ) Delete
Name: WASEY, KAREN
Address: 1022 W LAKE VALLEY CT
City-St-Zip: HERNANDO, FL 34442

Title: VP ( ) Delete
Name: JOHSTON, EDWARD R
Address: 531 N CITRUS AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D (X) Delete
Name: GODEN, CLYMER
Address: 1112 SE PARADISE AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CLYMER, GALEN
Address: 1112 SE PARADISE AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: PE (X) Change ( ) Addition
Name: MCELVEY, HUGH
Address: 7850 W. GLEADALE CT.
City-St-Zip: DUNNELLON, FL 34433

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WILSEK, ED
Address: 19 VINCA ST
City-St-Zip: HOMOSASSA, FL 34446

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: GALEN R. CLYMER PRES 04/12/2009
Electronic Signature of Signing Officer or Director Date