


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90271 024 ****61.25

DOCUMENT # N29124 1. Entity Name ROTARY CLUB OF DUNEDIN NORTH, INC.					
Principal Place of Business P.O. BOX 307 DUNEDIN, FL 34697-0307			Mailing Address P.O. BOX 307 DUNEDIN, FL 34697-0307		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-6152297	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KURBER, KEITH 1558 ROXBURG LN DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARSON, JACK <input checked="" type="checkbox"/> Delete 4338 LAVENDER DRIVE PALM HARBOR, FL 34685				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KLEIN, CHARLIE <input checked="" type="checkbox"/> Delete 2045 JEFFERSON AVE DUNEDIN, FL 34698				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRAY, KRISTEN K <input type="checkbox"/> Delete 1251 PINEHURST RD DUNEDIN, FL 34698				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RIDENOUR, NANCY <input checked="" type="checkbox"/> Delete 2919 WYCOMBE WAY PALM HARBOR, FL 34685				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Alison Freeborn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 360 Monroe Street Dunedin, FL 34698				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Joseph Thornton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 533 Main Street Dunedin, FL 34698				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T David Sarnowski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 314 S Missouri Ave, Suite 310 Clearwater, FL 33756				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Shari J. Sarnowski</u> <i>M.S.</i> 4-18-07 727 446 6097 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04182007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

FL