

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90015 048 ****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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-6152297		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KURBER, KEITH 1558 ROXBURG LN DUNEDIN, FL 34698		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ DATE _____ <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, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEBORN, ALISON	NAME	
STREET ADDRESS	360 MONROE ST	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNTON, JOSEPH	NAME	Chesson, Phillip
STREET ADDRESS	533 MAIN ST	STREET ADDRESS	1471 Noell Blvd.
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	Dunedin, FL 34683
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, KRISTEN K	NAME	
STREET ADDRESS	1251 PINEHURST RD	STREET ADDRESS	2262 Bayshore Blvd.
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	Dunedin, FL 34698
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARNOWSKI, DAVID	NAME	
STREET ADDRESS	314 SOUTH MISSOURI AVE SUITE 310	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Donoghue, Patrick
STREET ADDRESS		STREET ADDRESS	533 Main Street
CITY-ST-ZIP		CITY-ST-ZIP	Dunedin, FL 34698
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>David Sarnowski</u>		DATE: <u>2-13-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <u>727 446 097</u>	