

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29449

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: ROTARY CLUB OF SEBASTIAN, INC.

## Current Principal Place of Business:

BOX 781783  
SEBASTIAN, FL 329788783

## New Principal Place of Business:

13600 US HWY 1  
SUITE 15  
SEBASTIAN, FL 32958

## Current Mailing Address:

BOX 781783  
SEBASTIAN, FL 329788783

## New Mailing Address:

PO BOX 781783  
SEBASTIAN, FL 32978

FEI Number: 65-0089967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODWARDN, KRISTIE  
689 BARBER STREET  
SEBASTIAN, FL 32958 US

## Name and Address of New Registered Agent:

WOODWARD, KRISTIE  
13600 US HWY 1  
SUITE 15  
SEBASTIAN, FL 32958 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: KRISTIE WOODWARD

01/08/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FALZONE, JOE  
Address: 814 ROBIN LANE  
City-St-Zip: SEBASTIAN, FL 32958

Title: VPD ( ) Delete  
Name: PINSON, CHRISTOPHER  
Address: 9266 106TH AVE  
City-St-Zip: VERO BEACH, FL 32967

Title: TD ( ) Delete  
Name: WOODWARD, KRISTIE  
Address: 689 BARBER STREET  
City-St-Zip: SEBASTIAN, FL 32958

Title: SD ( ) Delete  
Name: MASTERS, CHRISTY  
Address: 1023 KENMORE STREET  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TYSON, JOEL  
Address: 22 N MULBERRY ST  
City-St-Zip: FELLSMERE, FL 32948

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

Title: TD (X) Change ( ) Addition  
Name: WOODWARD, KRISTIE  
Address: 13600 US HWY 1  
City-St-Zip: SEBASTIAN, FL 32958

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: KRISTIE WOODWARD

TD

01/08/2009

Electronic Signature of Signing Officer or Director

Date