

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29597

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** THE ROTARY CLUB OF SEVEN SPRINGS, FLORIDA, INC.

**Current Principal Place of Business:**

P. O. BOX 295  
NEW PORT RICHEY, FL 346560295

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 295  
NEW PORT RICHEY, FL 346560295

**New Mailing Address:**

**FEI Number:** 59-2862370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWELLS, TIM  
11905 OAK TRAIL WAY  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MEMOLI, ROBERT  
Address: 7851 TENBY CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S ( ) Delete  
Name: KLEY, PATRICIA  
Address: 6379 LONNIEWOOD SQ  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Delete  
Name: HOWELLS, TIM  
Address: 11905 OAK TRAIL WAY  
City-St-Zip: PORT RICHEY, FL 34668

Title: P EL ( ) Delete  
Name: KOCHER, ROBIN  
Address: 12107 MAJESTIC BLVD  
City-St-Zip: HUDSON, FL 34667

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KOCHER, ROBIN  
Address: P O BOX 295  
City-St-Zip: NEW PORT RICHEY, FL 34656

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

Title: PE (X) Change ( ) Addition  
Name: HOWELLS, TIM  
Address: 11905 OAK TRAIL WAY  
City-St-Zip: PORT RICHEY, FL 34668

Title: TREA (X) Change ( ) Addition  
Name: ALLEN, JANICE  
Address: P.O. BOX 295  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: VP ( ) Change (X) Addition  
Name: LOVE, RANDY  
Address: P.O. BOX 295  
City-St-Zip: NEW PORT RICHEY, FL 34656

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: TIMOTHY P. HOWELLS

PE

01/24/2009

Electronic Signature of Signing Officer or Director

Date