

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N40202

1. Entity Name
HIGH SPRINGS ROTARY CLUB, INC.



Principal Place of Business

23349 NW CR 236
STE 10
HIGH SPRINGS, FL 32643

Mailing Address

23349 NW CR 236
STE 10
HIGH SPRINGS, FL 32643

DO NOT WRITE IN THIS SPACE

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6153584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUNDER, GARY D.
23349 NW CR 236, STE 10
HIGH SPRINGS, FL 32643

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PULTS, CHARLIE
PO BOX 867
HIGH SPRINGS, FL 32655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MCROBERTS, AMY
6239 NW 50TH TERR
BELL, FL 32619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953667
07/09/08-80001-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.B. Pults Treasurer 7/7/08

Date

Daytime Phone #

386-
397-8442