

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42640

FILED
Jan 15, 2008
Secretary of State

Entity Name: ROTARY CLUB OF SUNTREE FOUNDATION, INC.

Current Principal Place of Business:

7400 N. WICKHAM RD.
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 410278
MELBOURNE, FL 329410278 US

New Mailing Address:

FEI Number: 59-3103867 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IANNAZZI, LOU
575 TEMPLE ST.
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

IANNAZZI, LOU
7987 BRADWICK WAY
MELBOURNE, FL 32940 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: _____

01/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAY, PFLEUGER
Address: P.O. BOX 410278
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: IANNAZZI, LOUIS
Address: 575 TEMPLE ST.
City-St-Zip: SATELLITE BEACH, FL 32137

Title: TD () Delete
Name: MCGIRR, MICHAEL
Address: 501 KIMBERLY DR.
City-St-Zip: MELBOURNE, FL 32940

Title: PS () Delete
Name: CASTELLO, PETER
Address: 1519 CYPRESS TRACE DR
City-St-Zip: MELBOURNE, FL 32940

Title: PVD () Delete
Name: MCGIRR, MICHAEL
Address: P.O. BOX 410278
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIKE, MCGIRR
Address: P.O. BOX 410278
City-St-Zip: MELBOURNE, FL 32940

Title: SD (X) Change () Addition
Name: IANNAZZI, LOUIS
Address: 7987 BRADWICK WAY
City-St-Zip: MELBOURNE, FL 32940

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

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

Title: PVD (X) Change () Addition
Name: SHANKLE, PATRICIA
Address: P.O. BOX 410278
City-St-Zip: MELBOURNE, FL 32940

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: PETER P. CASTELLO

TREA

01/15/2008

Electronic Signature of Signing Officer or Director

Date