

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45362

FILED
Apr 22, 2009
Secretary of State

Entity Name: PUNTA GORDA ROTARY CHARITY AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

23232 ABRAD E.
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

23232 ABRAD E.
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 65-0291703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DZURAK, JOHN S
23232 ABRAD E.
PORT CHARLOTTE, FL 33980 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: DS () Delete
Name: LYNCH, ROBERT
Address: 26089 SEMINOLE LAKES BLVD.
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: D () Delete
Name: AUSTIN, KEITH
Address: 24164 HARBORVIEW RD
City-St-Zip: PT. CHARLOTTE, FL 33980 US

Title: DP () Delete
Name: DZURAK, JOHN
Address: 23232 ABRAD E.
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D () Delete
Name: FRANCIS, RANDY
Address: 222 SOURSOP
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: VERSNIK, PAUL
Address: 17353 LAKE WORTH BLVD.
City-St-Zip: PT. CHARLOTTE, FL 33948 US

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

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: JOHN S. DZURAK

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date