

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46652

FILED
Mar 25, 2008
Secretary of State

Entity Name: PORT ST. LUCIE ROTARY FOUNDATION, INC.

Current Principal Place of Business:

920 SE ATLANTUS AVE
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

920 SE ATLANTUS AVE
PORT ST LUCIE, FL 34983 US

New Mailing Address:

P O BOX 7474
PORT ST LUCIE, FL 34985

FEI Number: 65-0307577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNE-SHEARER, BETTY
920 SE ATLANTUS AVE
PORT ST LUCIE, FL 34983 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: PPD () Delete
Name: WYATT, CAROL
Address: 444 SW JACKSON PLACE
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: PD () Delete
Name: NORTON, CARL
Address: 2422 SE PASCAL AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SD () Delete
Name: HOBBY, ROBERT
Address: 2172 SE ABCOR RD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD () Delete
Name: EVANS, JEANNE
Address: 1736 NW FORK RD
City-St-Zip: PALM CITY, FL 34994

Title: TD () Delete
Name: SANTEE, KEN
Address: 197 NW BENTLEY CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: COMEAU, DAN
Address: P O BOX 7474
City-St-Zip: PORT ST LUCIE, FL 34985 US

Title: PPD (X) Change () Addition
Name: NORTON, CARL
Address: 2422 SE PASCAL AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SD (X) Change () Addition
Name: RIKER, EDITH
Address: 2732 SW ENSENADA TERR
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: PD (X) Change () Addition
Name: EVANS, JEANNE
Address: 1736 NW FORK RD
City-St-Zip: PALM CITY, FL 34994

Title: TD (X) Change () Addition
Name: KUSEL, CONRAD J JR.
Address: 491 SW PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

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: EDITH RIKER

SD

03/25/2008

Electronic Signature of Signing Officer or Director

Date