

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46652

FILED  
Apr 28, 2009  
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:**

P O BOX 7474  
PORT ST LUCIE, FL 34985

**New Mailing Address:**

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

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

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

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

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

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

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

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

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

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

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: DAN COMEAU

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date