2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48116

FILED Mar 18, 2009 Secretary of State

Entity Name: WELLINGTON ROTARY SCHOLARSHIP FOUNDATION, INC.

Current F	Principal Place	e of Business:	New Principal Place	of Business:	
	AL PALM BEAC ALM BEACH, F	CH BLVD, SUITE 205 FL 33411 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	AL PALM BEAC ALM BEACH, F	CH BLVD, SUITE 205 FL 33411 US			
FEI Numbe	r: 65-0410630	FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Ager	nt: Name and Address o	of New Registered Agent:	
885 ROY	ROBERT R AL PALM BEAC ALM BEACH, F	CH BLVD, SUITE 205 FL 33411 US			
The above n the Stat	e named entity : te of Florida.	submits this statement for	r the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	JRE:				
	Electror	nic Signature of Registere	ed Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VELEZ, JASMII 5675 CHASE C	CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	BOUGHNER, W 13002 LA MIRA	ADA CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
	VPD () Delete	Title:	() Change () Addition	
√ame: Address:		NJAMIN 'H SHORE BLVD	Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	12400 B SOUT WELLINGTON, TD () GIDDINGS, SU 2183 MAN OF Y	NJAMIN TH SHORE BLVD , FL 33414) Delete JSAN E WAR	Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	12400 B SOUT WELLINGTON, TD () GIDDINGS, SU 2183 MAN OF V W PALM BEAC D () MANNING, BAF 1004 ISLAND N	NJAMIN TH SHORE BLVD , FL 33414) Delete JSAN E WAR CH, FL 33411) Delete RRY MANOR DRIVE	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: SUSAN E GIDDINGS TD 03/18/2009