

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90109 012 \*\*\*\*61.25

<b>DOCUMENT # N49761</b> 1. Entity Name <b>THE VERO BEACH ROTARY CHARITIES FOUNDATION, INC.</b>					
Principal Place of Business 1826 14TH AVE SUITE 102 VERO BEACH, FL 32960			Mailing Address POST OFFICE BOX 3224 VERO BEACH, FL 32964		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>POST OFFICE BOX 643224</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>VERO BEACH, FL</b> Zip                      Country <b>32964                      INDIAN RIVER</b>		4. FEI Number <b>65-0416241</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01042008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>BRACKINS, A.J.</b> <b>1826 14TH AVE, SUITE 102</b> <b>VERO BEACH, FL 32960</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BARTON, KATHRYN</b> <b>675 DATE PALM ROAD</b> <b>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LAUER, STEVEN E</b> <b>3426 OCEAN DRIVE</b> <b>VERO BEACH, FL 32968</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAUER, STEVEN E.</b> <b>3426 OCEAN DR</b> <b>VERO BEACH, FL 32968</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>NUGENT, JAMES</b> <b>1785 CORAL WAY N.</b> <b>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ALLEN, CARLOS</b> <b>705 TURTLE COVE LANE</b> <b>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLEN, CARLOS</b> <b>705 TURTLE COVE LANE</b> <b>VERO BEACH, FL 32963</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Kathryn F Barton</i> <b>KATHRYN F. BARTON</b>			<b>1-8-08</b> <b>772-231-2100</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date                      Daytime Phone #</small>		