

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49761

FILED
Jan 10, 2009
Secretary of State

Entity Name: THE VERO BEACH ROTARY CHARITIES FOUNDATION, INC.

Current Principal Place of Business:

1826 14TH AVE
SUITE 102
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 643224
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 65-0416241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKINS, A.J.
1826 14TH AVE, SUITE 102
VERO BEACH, FL 32960 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: DT () Delete
Name: BARTON, KATHRYN
Address: 675 DATE PALM ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: LAUER, STEVEN E
Address: 3426 OCEAN DR.
City-St-Zip: VERO BEACH, FL 32968

Title: DV () Delete
Name: NUGENT, JAMES
Address: 1785 CORAL WAY N.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: ALLEN, CARLOS
Address: 705 TURTLE COVE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DS () Change (X) Addition
Name: CARROLL, JOHN
Address: 530 CAMELIA LANE
City-St-Zip: VERO BEACH, FL 32963

Title: DP () Change (X) Addition
Name: BARKETT, GEORGE DR
Address: PALOMA DR
City-St-Zip: VERO BEACH, FL 32960

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: KATHRYN F. BARTON

DT

01/10/2009

Electronic Signature of Signing Officer or Director

Date