

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000601

FILED
Jan 14, 2009
Secretary of State

Entity Name: GULF BEACHES ROTARY FOUNDATION, INC.

Current Principal Place of Business:

64 DOLPHIN DR.
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 8805
MADEIRA BEACH, FL 33738 US

New Mailing Address:

FEI Number: 59-3181809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEADY, SUZANNE
725 116TH AVE.
TREASURE ISLAND, FL 33706 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: D () Delete
Name: ENGLAND, BILL
Address: 3990 58TH WAY NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: SD () Delete
Name: DEADY, SUZANNE
Address: 726 116TH AVE.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: BLACK, HARRY
Address: 12601 PINE FOREST WAY E
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: BURKE, JOHN
Address: 12405 3RD ST. E, #304
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD () Delete
Name: COWARD, CAROL L
Address: 64 DOLPHIN DR.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P () Delete
Name: MARK, HUBBARD
Address: 931 79TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

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

Title: P (X) Change () Addition
Name: CHARLES, COWARD
Address: 64 DOLPHIN DR.
City-St-Zip: TREASURE ISLAND, FL 33706

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: CAROL L. COWARD

TD

01/14/2009

Electronic Signature of Signing Officer or Director

Date