

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90184 012 ****61.25

DOCUMENT # N93000000076					
1. Entity Name THE ROTARY CLUB OF ZEPHYRHILLS DAYBREAK, INC.					
Principal Place of Business 7600 BRIGHT SIDE ZEPHYRHILLS, FL 33541 US			Mailing Address PO BOX 1797 ZEPHYRHILLS, FL 33539 US		
2. Principal Place of Business - No P.O. Box # 37512 Skyridge Cir			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DADE CITY, FL		City & State		4. FEI Number 65-0411104	
Zip 33525		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBIN, CHRISTIAN 7600 BRIGHTSIDE DRIE ZEPHYRHILLS, FL 33541				7. Name and Address of New Registered Agent Name <u>ROBIN, CHRISTIAN</u> Street Address (P.O. Box Number is Not Acceptable) 37512 Skyridge Circle City <u>DADE CITY</u> <u>FL</u> <u>33525</u>	
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 <u>Christian Robin</u> <u>CHRISTIAN ROBIN</u> <u>2/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME MCLAUGHLIN, LARRY STREET ADDRESS 3551 WELBY CT. CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete		TITLE DP NAME WOOTTON, Michael STREET ADDRESS 30724 WRENCREST DR. CITY-ST-ZIP Wesley Chapel, FL 33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME MCKENNEY, JOHN STREET ADDRESS 5493 BENEVIERE CIRCLE CITY-ST-ZIP ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE DS NAME ROBIN, CHRISTIAN STREET ADDRESS 37512 Skyridge Circle CITY-ST-ZIP DADE CITY, FL 33525	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME FUNES, MANNY STREET ADDRESS 33542 CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCKENNEY, LEA STREET ADDRESS 5805 WEDGEDIELD CITY-ST-ZIP ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME THIES, JOHN P STREET ADDRESS 13213 PALMILLA CIRCLE CITY-ST-ZIP DADE CITY, FL 33525	<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.					
SIGNATURE: <u>Christian Robin</u> <u>CHRISTIAN ROBIN</u> <u>2/26/08</u> <u>(813) 715-0565</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					