2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N93000000377

Entity Name: TRENTON ROTARY CLUB, INC.

Current Principal Place of Business:

THEODORE M. BURT
114 NORTHEAST FIRST ST.
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

THEODORE M. BURT
PO BOX 308
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-3141291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, THEODORE M
114 NORTHEAST FIRST ST.
TRENTON, FL 32693 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: T ( ) Delete
Name: BEAUCHAMP, JOHN
Address: 9751 NW CR 345
City-St-Zip: CHIEFLAND, FL 32626

Title: VP ( ) Delete
Name: FRAZIER, JOHN
Address: 3649 NW 67TH TERRACE
City-St-Zip: BELL, FL 32619

Title: P ( ) Delete
Name: KINCAID, JONATHAN
Address: P.O. BOX 308
City-St-Zip: TRENTON, FL 32693

Title: P ( ) Delete
Name: GRAY, TODD
Address: 222 WEST WADE STREET
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition
Name: KINCAID, JONATHAN
Address: 1800 SW 105TH ST, P.O. BOX 735
City-St-Zip: TRENTON, FL 32693

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

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: TODD GRAY P 04/25/2007

Electronic Signature of Signing Officer or Director — Date