



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 042 ****61.25

DOCUMENT # N93000000377					
1. Entity Name TRENTON ROTARY CLUB, INC.					
Principal Place of Business THEODORE M. BURT 114 NORTHEAST FIRST ST. TRENTON, FL 32693			Mailing Address THEODORE M. BURT PO BOX 308 TRENTON, FL 32693		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3141291	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURT, THEODORE M 114 NORTHEAST FIRST ST. TRENTON, FL 32693			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	PE Charles Smith <input checked="" type="checkbox"/> Delete BEAUCHAMP, JOHN 9751 NW CR 345 CHIEFLAND, FL 32626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Elect Charles Smith <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3649 N.W. 67th Terrace Bell, FL 32619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S <input type="checkbox"/> Delete FRAZIER, JOHN 3649 NW 67TH TERRACE BELL, FL 32619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pro Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michael McElroy <input checked="" type="checkbox"/> Delete KINCAID, JONATHAN 1800 SW 105TH ST, P.O. BOX 735 TRENTON, FL 32693		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael McElroy <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10649 SE CR 319 Trenton, FL 32693	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Gray, Todd <input checked="" type="checkbox"/> Delete 222 WEST WADE STREET TRENTON, FL 32693		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	
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: _____			2-11-08 386-935-3213		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		