2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# N93000001145

Entity Name: ROTARY CLUB OF CRESCENT CITY, INC.

Current Principal Place of Business:

CRESCENT CITY
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 483
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 59-3171200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWBOLD, JOHN R JR
566 OLD HWY 17
CRESCENT CITY, FL 32112 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:	HAIRE, KELVIN	
Address:	PO BOX 2	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	P	( ) Delete
Name:	NEWBOLD, JOHN R JR	
Address:	566 OLD HWY 17	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	D	( ) Delete
Name:	GALTON, AL	
Address:	P.O. BOX 665Z	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	D	( ) Delete
Name:	BOYD, PATRICIA A	
Address:	PO BOX 90	
City-St-Zip:	GEOEGETOWN, FL 32139	
Title:	D	( ) Delete
Name:	BIGGS, KEN	
Address:	P O BOX 67	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	S	( ) Delete
Name:	GOODWIN, ROBERT	
Address:	216 A ST JOHNS AVENUE	
City-St-Zip:	PALATKA, FL 32177	

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:	D	(X) Change ( ) Addition
Name:	WRIGHT, EDWARD D	
Address:	1521 CR 309	
City-St-Zip:	GEOEGETOWN, FL 32139	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: KELVIN A. HAIRE D 07/31/2007
Electronic Signature of Signing Officer or Director — Date