2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
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 ( )**

Name and Address of Current Registered Agent:

PICHENS, ROBERT W JR
333. S. SUMMIT ST.
CRESCENT CITY, FL 32112 US

Name and Address of New Registered Agent:

PICKENS, ROBERT W JR
333. S. SUMMIT ST.
CRESCENT CITY, FL 32112 US

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: ROBERT W. PICKENS JR 02/10/2009
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: RICKENS, ROBERT W
Address: 533 S. SUMMIT ST
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: WRIGHT, EDWARD D
Address: 1521 CR 309
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: COONEY, DONNA
Address: 236 CENTRAL AVE.
City-St-Zip: CRESCENT CITY, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: PICKENS, ROBERT W
Address: 533 S. SUMMIT ST
City-St-Zip: CRESCENT CITY, FL 32112

Title: D (X) Change ( ) Addition
Name: GALTON, AL
Address: P.O. BOX 665
City-St-Zip: CRESCENT CITY, FL 32112

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

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: DONNA S. COONEY S 02/10/2009
Electronic Signature of Signing Officer or Director Date