

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003229

FILED
Jan 26, 2009
Secretary of State

Entity Name: OCEANSIDE ROTARY CHARITIES, INC.

Current Principal Place of Business:

P.O. BOX 51587
JACKSONVILLE BEACH, FL 322401587 US

New Principal Place of Business:

1600 SELVA MARINA DRIVE
ATLANTIC BEACH, FL 32233 US

Current Mailing Address:

P.O. BOX 51587
JACKSONVILLE BEACH, FL 322401587 US

New Mailing Address:

FEI Number: 59-3194289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBEY, GARY
2046 CHERIKKEE DRIVE
NEPTUNE BEACH, FL 32266 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: P () Delete
Name: DYMER, DON
Address: 4123 GLENHURST DRIVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32224

Title: V () Delete
Name: DEVERS, ROBERT
Address: 1500 EAST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 322065491

Title: T () Delete
Name: BURNS, HAYDEN
Address: 4309 SALISBURY AVENUE
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: CHARLETTA, DANIEL
Address: 7583 PHILIPS HWY #200-204
City-St-Zip: JACKSONVILLE, FL 32256

Title: DPE () Delete
Name: MACINNES, DAVID
Address: 373 5TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D (X) Delete
Name: WYGLE, BLAIR
Address: 1881 BEACHSIDE COURT
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change () Addition
Name: POPPELL, JUDITH
Address: PO BOX 51587
City-St-Zip: JACKSONVILLE BEACH, FL 32240

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

Title: T (X) Change () Addition
Name: BURNS, HAYDON
Address: 4309 SALISBURY AVENUE
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: P (X) Change () Addition
Name: MACINNES, DAVID
Address: 373 5TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

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: DAVID MACINNES

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date