## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002172

FILED Jan 27, 2009 Secretary of State

Entity Name: ROTARY CLUB OF HUDSON, FLORIDA, U.S.A, EDUCATIONAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

12312 U.S. HIGHWAY 19 N. HUDSON, FL 34667

Current Mailing Address: New Mailing Address:

P.O. BOX 5321 HUDSON, FL 34674

FEI Number: 59-3380650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAY, CEDRIC P 12312 U.S. HIGHWAY 19 N. HUDSON, FL 34667 US

**OFFICERS AND DIRECTORS:** 

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

## Electronic Signature of Registered Ag

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: S (X) Change ( ) Addition Name: GERARDI, KAREN Name: GERARDI, KAREN

Address: 12205 PEPPER MILL DR. Address: 12205 PEPPER MILL DR. City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete Title: ( ) Change ( ) Addition Name: DEMERS, WILLIAM Name:

 Name:
 DEMERS, WILLIAM
 Name:

 Address:
 8211 ST RD 52
 Address:

 City-St-Zip:
 HUDSON, FL 34667
 City-St-Zip:

Title: S () Delete Title: P (X) Change () Addition Name: RYAN, CAROLLE Name: RYAN, CAROLLE

 Name:
 RYAN, CAROLLE
 Name:
 RYAN, CAROLLE

 Address:
 11905 OAK TR WAY
 Address:
 11905 OAK TR WAY

 City-St-Zip:
 PORT RICHEY, FL 34668
 City-St-Zip:
 PORT RICHEY, FL 34668

Title: P ( ) Delete Title: D (X) Change ( ) Addition

Name:OSBORNE, BYRONName:OSBORNE, BYRONAddress:8735 SCHRADER BLVDAddress:8735 SCHRADER BLVDCity-St-Zip:PORT RICHEY, FL 34668City-St-Zip:PORT RICHEY, FL 34668

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: WILLIAM R. DEMERS TRES 01/27/2009