2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N96000004832

Entity Name: ROTARY CLUB OF CELEBRATION FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

202 REDBUD STREET
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

P O BOX 470232
CELEBRATION, FL 347470232 US

New Mailing Address:

FEI Number: 59-3006054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DZLECHCIARZ, SHARON
2400 QUAIL COVE CT.
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

YOUNG, MARK A
202 RESERVE PLACE
CELEBRATION, FL 34747 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: MARK YOUNG 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROGERS, CHARLES
Address: 415 ARBOR CT
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete
Name: NELSON, GARY
Address: 609 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SMITH, GARY
Address: 108 CELEBRATION BOULEVARD
City-St-Zip: CELEBRATION, FL 34747

Title: P ( ) Change (X) Addition
Name: SESSOMS, LES
Address: 918 GREENLAWN STREET
City-St-Zip: CELEBRATION, FL 34747

Title: V ( ) Change (X) Addition
Name: KARLHEINZ, JAEHRLING
Address: 500 MIRASOL CIRCLE #202
City-St-Zip: CELEBRATION, FL 34747

Title: T ( ) Change (X) Addition
Name: MARK, YOUNG A
Address: 202 RESERVE PLACE
City-St-Zip: CELEBRATION, FL 34747

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: MARK YOUNG T 04/15/2009
Electronic Signature of Signing Officer or Director Date