2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 08:00 All Secretary of State DOCUMENT # N97000007116 THE ROTARY CLUB OF SAFETY HARBOR FOUNDATION. INC. Principal Place of Business Mailing Address 935 MAIN STREET 935 MAIN STREET 0-1 SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3481353 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RABB, HARRY H 935 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR, FL 34695 City Zip Code 8. 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 | I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Addition RABB, HARRY H NAME NAME U00000738871 935 MAIN STREET, SUITE D1 STREET ADDRESS STREET ADDRESS 05/14/07-80002-006 61.25 CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP DP TITLE Delete Change □ Addition RUSSELL, JEAN NAME NAME 560 7TH STREET S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe ☐ Addition LARSEN, SUSAN NAME STREET ADDRESS 1021 WOODCREST AVE STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07

227-725-4121

FILED

Daytime Phone #