

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007116

FILED
May 01, 2009
Secretary of State

Entity Name: THE ROTARY CLUB OF SAFETY HARBOR FOUNDATION, INC.

Current Principal Place of Business:

935 MAIN STREET
D-1
SAFETY HARBOR, FL 34695

New Principal Place of Business:

111PARK ST
SAFETY HARBOR, FL 34695

Current Mailing Address:

935 MAIN STREET
D-1
SAFETY HARBOR, FL 34695

New Mailing Address:

14636 CORAL BERRY DR
TAMPA, FL 33626

FEI Number: 59-3481353 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HELBLING, PAUL S
14636 CORAL BERRY DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

HELBLING, PAUL S
14636 CORAL BERRY DR
TAMPA, FL 33626 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: PAUL S. HELBING

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VINCENT, KEITH
Address: 111 PARK ST
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: HELBLING, PAUL S
Address: 14636 CORAL BERRY DR
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: OCONNER, RODERICK
Address: 4789 AUGUSTA AVE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: WILLIAMSON, TED
Address: 835 MAIN ST
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: HELBLING, PAUL S
Address: 14636 CORAL BERRY DR
City-St-Zip: TAMPA, FL 33626

Title: D (X) Change () Addition
Name: OCONNOR, RODERICK
Address: 4789 AUGUSTA AVE
City-St-Zip: OLDSMAR, FL 34677

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: PAUL S. HELBING

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date