

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90151 036 ****61.25

DOCUMENT # N99000000102	
1. Entity Name THE ROTARY CLUB OF PLACIDA, FLORIDA, INC.	

Principal Place of Business 900 E. PINE STREET #126 ENGLEWOOD, FL 34223	Mailing Address 900 E. PINE STREET #126 ENGLEWOOD, FL 34223
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04242008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0858683	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
REDOVAN, ROSE M 1905 PENNSYLVANIA AVE. ENGLEWOOD, FL 34224	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

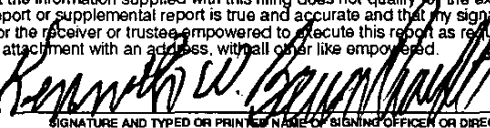
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GEORGE, SHARON	NAME	
STREET ADDRESS	900 E PINE STREET	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REDOVAN, ROSE	NAME	
STREET ADDRESS	1905 PENNSYLVANIA AVE	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FALLIN, CINDY	NAME	
STREET ADDRESS	900 E. PINE ST., #126	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAUMHARDT, KENNETH	NAME	
STREET ADDRESS	900 E. PINE ST., #126	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	PE ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAUNHARDT, KENNETH	NAME	
STREET ADDRESS	900 E PINE ST #126	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	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 trustee 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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		