# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 14, 2009**
**Secretary of State**

DOCUMENT# N99000000102

**Entity Name:** THE ROTARY CLUB OF PLACIDA, FLORIDA, INC.

**Current Principal Place of Business:**

900 E. PINE STREET
#126
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

900 E. PINE STREET
#126
ENGLEWOOD, FL 34223

**New Mailing Address:**

P O BOX 872
PLACIDA, FL 33946

**FEI Number: 65-0858683** **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:**

REDOVAN, ROSE M
1905 PENNSYLVANIA AVE.
ENGLEWOOD, FL 34224 US

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

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | GEORGE, SHARON | |
| Address: | 900 E PINE STREET | |
| City-St-Zip: | ENGLEWOOD, FL 34223 | |
| Title: | TD | ( ) Delete |
| Name: | REDOVAN, ROSE | |
| Address: | 1905 PENNSYLVANIA AVE | |
| City-St-Zip: | ENGLEWOOD, FL 34224 | |
| Title: | SD | ( ) Delete |
| Name: | FALLIN, CINDY | |
| Address: | 900 E. PINE ST.,#126 | |
| City-St-Zip: | ENGLEWOOD, FL 34223 | |
| Title: | VPD | ( ) Delete |
| Name: | BAUMHARDT, KENNETH | |
| Address: | 900 E. PINE ST.,#126 | |
| City-St-Zip: | ENGLEWOOD, FL 34223 | |
| Title: | PE | ( ) Delete |
| Name: | BAUNHARDT, KENNETH | |
| Address: | 900 E PINE ST #126 | |
| City-St-Zip: | ENGLEWOOD, FL 34223 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: CINDY FALLIN SD 08/14/2009
Electronic Signature of Signing Officer or Director — Date