
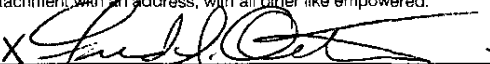


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90016 001 ****61.25

DOCUMENT # 713510					
1. Entity Name CAMP ROTARY FOUNDATION, INC.					
Principal Place of Business 123 AVENUE C SW WINTER HAVEN, FL			Mailing Address 123 AVENUE C SW WINTER HAVEN, FL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2011019	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRAKAS, ANDREW P 123 AVENUE C, S.W. WINTER HAVEN, FL 33880			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OETERS, FRED	NAME			
STREET ADDRESS	924 WEDGEWOOD LN	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHEMMER, GARY B	NAME	Schemmer, Gary B		
STREET ADDRESS	400 AVENUE K SE	STREET ADDRESS	215 1st Street, North		
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	Winter Haven, Florida 33880		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGEE, TERRY	NAME			
STREET ADDRESS	5716 EMARLD RIDGE DR.	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRAKAS, ANDREW	NAME			
STREET ADDRESS	123 AVENUE C SW	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDSEY, LYONAL	NAME	Lindsey, Lyonal		
STREET ADDRESS	23522 JONILLA AVENUE	STREET ADDRESS	2522 Jonila Avenue		
CITY-ST-ZIP	LAKELAND, FL	CITY-ST-ZIP	Lakeland, Florida 33803		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASBURY, JACKIE	NAME			
STREET ADDRESS	1516 LEIGHTON AVE	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X  Pres.		Date: X 1/22/04		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
FRED A. Oeters					