


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**


01-29-2007 90084 012 \*\*\*\*61.25

<b>DOCUMENT # 713510</b>	
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
--	--

**DO NOT WRITE IN THIS SPACE**

00000100



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2011019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRAKAS, ANDREW P  
 123 AVENUE C, S.W.  
 WINTER HAVEN, FL 33880

**DO NOT WRITE IN THIS SPACE**

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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OETERS, FRED 924 WEDGEWOOD LN LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHEMMER, GARY B 215 1ST STREET NORTH WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGEE, TERRY 5716 EMARLD RIDGE DR. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAKAS, ANDREW 123 AVENUE C SW WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, LYONAL 2522 JONILA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASBURY, JACKIE 1516 LEIGHTON AVE LAKELAND, FL

**DO NOT WRITE IN THIS SPACE**

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:** Fred Oeters Pres. **FRED OETERS** 1/18/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #