

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# 724560

Entity Name: BELLEAIR BLUFFS ROTARY CLUB, INC.

Current Principal Place of Business:

10339 IMPERIAL POINTE
LARGO, FL 33774 US

New Principal Place of Business:

3318 PAUL AVE
TAMPA, FL 33611 US

Current Mailing Address:

10339 IMPERIAL POINTE
LARGO, FL 33774 US

New Mailing Address:

3318 PAUL AVE
TAMPA, FL 33611 US

FEI Number: 23-7280153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, CANDICE
11419 47TH AVE N
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

OSBORNE, REBECCA D
3318 PAUL AVE
TAMPA, FL 33611 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: REBECCA OSBORNE 05/03/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEMERS, NORMAN E
Address: 3266 OVERLOOK DR
City-St-Zip: LARGO, FL

Title: PD () Delete
Name: FOX, CANDICE
Address: 11419 46TH AVE N
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D (X) Delete
Name: MAZZONE, ANTHONY
Address: 10339 IMPERIAL POINT DR E
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OSBORNE, REBECCA D
Address: 3318 PAUL AVE
City-St-Zip: TAMPA, FL 33611

Title: VP (X) Change () Addition
Name: MAZZONE, ANTHONY
Address: 10339 IMPERIAL POINT DR. E
City-St-Zip: LARGO, FL 33774

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REBECCA OSBORNE PRES 05/03/2004
Electronic Signature of Signing Officer or Director Date