2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770601

FILED Jan 10, 2005 Secretary of State

Entity Name: ROTARY CLUB OF FORT MYERS, SOUTH, INC.

Current Principal Place of Business: New Principal Place of Business: 1715 MONROE STREET FT. MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** 1715 MONROE STREET P.O. BOX 280 FT. MYERS, FL 33901 FT. MYERS, FL 339020280 US FEI Number: 23-7001793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITESMAN, GUY 1715 MONROE STREET FT. MYERS, FL 33901 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D/P () Change () Addition () Delete KELLY, KATHRYN Name: Name: 15775 PINE RIDGE ROAD Address: Address: FT. MYERS, FL 33908 City-St-Zip: City-St-Zip: Title: D/S () Delete Title: () Change () Addition TURBEVILLE, BO Name: Name: Address: 6261 ARC WAY Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition DORAGH, PETER Name: Name: Address: 12071 WEDGE DRIVE Address: City-St-Zip: FT. MYERS, FL 33913 City-St-Zip: Title: DΛ () Delete Title: () Change () Addition Name: SHUTE, RYAN M Name: Address: 2216 ALTAMONT AVENUE Address: City-St-Zip: FT. MYERS, FL 33901 City-St-Zip: Title: D/T () Delete Title: () Change () Addition KOZAK, JOHN Name: Name: 13099 US 41 SE, #200 Address: Address: City-St-Zip: FT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition RUPELO, MARK Name: Name: Address: 10181 SIX MILE CYPRESS PARKWAY, #A Address: FT. MYERS, FL 33912 City-St-Zip: 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: KATHRYN KELLY P 01/10/2005