2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 24, 2005 08:00 AM **DOCUMENT # N03000010098 Secretary of State** SPRING HILL CENTRAL ROTARY FOUNDATION, INC. Principal Place of Business Mailing Address 12122 CORTEZ BLVD. 12122 CORTEZ BLVD. BROOKSVILLE, FL 34613 - BROOKSVILLE, FL 34613 02032005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0495154 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE DOUGHERTY, JOHN A 12122 CORTEZ BLVD. BROOKSVILLE, FL 34613 IN THIS SPACE 5. 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 abligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MEM NAME DOUGHERTY, JOHN A STREET ADDRESS 12122 CORTEZ BLVD CITY-ST-ZIP BROOKSVILLE, FL 34613 TITLE U00000275267 03/24/05-80047-003 **61.25** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 adjress, with all other like empowered.

ند :SIGNATURE

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-AP

G OFFICER OF DIRECTOR

Daytime Phone #