## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009858

FILED Mar 29, 2005 Secretary of State

Entity Name: ROTARY FOUNDATION OF ANNA MARIA ISLAND, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1309 64TH ST W. 5313 GULF DRIVE. BRADENTON, FL 342094550 HOLMES BEACH, FL 34217 **Current Mailing Address: New Mailing Address:** 5313 GULF DRIVE 1309 64TH ST W. BRADENTON, FL 342094550 HOLMES BEACH, FL 34217 FEI Number: 86-1122241 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KERR, ERNEST H TOM, CREED 1309 64TH ST W. 106 49TH STREET BRADENTON, FL 342094550 US HOLMES BEACH, FL 34217 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: THOMAS CREED 03/29/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete KERR, ERNEST H FERNALD, DONALD C Name: Name: 1309 64TH ST W. Address: 401 75TH STREET Address: City-St-Zip: BRADENTON, FL 342094550 City-St-Zip: HOLMES BEACH, FL 34217 Title: Title: () Delete () Change () Addition SCHLUETER, STEPHEN Name: Name: Address: 102 68TH ST. Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: () Delete Title: () Change () Addition SESTERHENN, BIRGIT Name: Name: Address: 5312 MARINA DR Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: ( ) Delete Title: ( ) Change (X) Addition Name: Name: DUNNE, JAMES 6400 FLOTILLA DR Address: Address: City-St-Zip: City-St-Zip: HOLMES BEACH, FL 34217 Title: () Delete Title: ( ) Change (X) Addition GUY, DAVID Name: Name: 522 68TH STREET Address: Address: HOLMES BEACH, FL 34217 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: DONALD FERNALD D 03/29/2005