


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

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

06-15-2005 90095 034 \*\*\*\*61.25

DOCUMENT # N41214 1. Entity Name ROTARY CLUB OF EUSTIS, INC.	
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Principal Place of Business P O BOX 1331 EUSTIS, FL 32727	Mailing Address P O BOX 1331 EUSTIS, FL 32727
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**DO NOT WRITE IN THIS SPACE**



05122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6209584	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**

GAYLORD, FRANK T.  
804 NORTH BAY STREET  
EUSTIS, FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FURNAS, WILLIAM M PO DRAWER 580, 21 E PINEHURST BLVD EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, MARILYN 2660 GRAND ISLAND SHORES ROAD EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASSITER, MICHAEL 21210 SENECA HILLS ROAD EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: William M Furnas, Trustee Date: 6-10-05 352-589-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #