



2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006514

DOCUMENT # N46258			
1. Entity Name ROTARY CLUB OF KEY LARGO, INC.		<p>FILED</p> <p>04 OCT -4 PM 12:14</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>  <p>REINSTATEMENT 03-04</p> <p><input type="checkbox"/> CHECK HERE IF MAKING CHANGES</p>	
Principal Place of Business P.O. BOX 252 KEY LARGO FL 33037		Mailing Address P.O. BOX 252 KEY LARGO FL 33037	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEWBERRY, SCOTT 141 NAVAJO ST. TAVERNIER FL 33070		Name <u>Laura L'Heureux</u> Street Address (P.O. Box Number is Not Acceptable) <u>165 MOHAWK ST</u> City <u>TAVERNIER, FL</u> Zip Code <u>33070</u>	
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 <u>Laura L'Heureux, President</u>		DATE <u>September 29, 2004</u>	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, WILLIAM A. 99198 OVERSEAS HWY, #7 KEY LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gentes, Wendy 329 woods Ave Tavernier, FL 33070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEWBERRY, SCOTT 1211 NAVAJO ST. TAVERNIER FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD L'Heureux, Laura 165 MOHAWK ST Tavernier, FL 33070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, FRANK 96000 US HWY #W-31 KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Messina 178 Plantation Ave Tavernier, FL 33070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, FRANK 96000 US HWY W-31 KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEATTY, CHRIS 38 BAHAMA AVE KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, JIM P.O. BOX 1425 TAVERNIER FL 33070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED 3-28-04 305-451-5884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (4/03)

283

DTN: 840705 CH10534

ATTACHMENT B
Officers, Directors, Trustees, and Principal Salaried Executive Personnel

Please list officers, directors, trustees, and principal salaried executive personnel:

1. Name (last name first): BEATY, CHRIS Title: Board Member
 Home Address: 38 BAHAMA AVE Daytime Phone: _____
 City, State, and Zip: KEY LARGO, FL 33037-4341 Salaried (Y/N): N

2. Name (last name first): MESSINA, PAUL Title: Board Mem
 Home Address: 178 PLANTATION AVE Daytime Phone: 305-852-9094
 City, State, and Zip: TAVERNIER, FL 33070-2260 Salaried (Y/N): N

3. Name (last name first): NEWBERRY, SCOTT Title: Board Member
 Home Address: PO BOX 1719 Daytime Phone: 305-853-5887
 City, State, and Zip: TAVERNIER, FL 33070-1719 Salaried (Y/N): N

4. Name (last name first): _____ Title: _____
 Home Address: _____ Daytime Phone: _____
 City, State, and Zip: _____ Salaried (Y/N): N

5. Name (last name first): L'Heureux, Laura Title: President
 Home Address: 165 Mohawk St Daytime Phone: 305-852-2272
 City, State, and Zip: Tavernier, FL 33070 Salaried (Y/N): N

6. Name (last name first): Wendy Gentes Title: Treasurer
 Home Address: 329 Woods Ave Daytime Phone: _____
 City, State, and Zip: Tavernier, FL 33070 Salaried (Y/N): N

7. Name (last name first): William Andersen Title: BOARD Member
 Home Address: 99330 Overseas Hwy Daytime Phone: 305-451-1040
 City, State, and Zip: Key Largo, FL 33037 Salaried (Y/N): N

383

DTN: 840705 CH10534

AFFIDAVIT

State of: Florida

County of: Monroe

I, Wendy Gentes (NAME), being first duly sworn, say that I am the

Treasurer (TREASURER OR CHIEF FISCAL OFFICER) of Rotary Club of Key Largo (NAME OF ORGANIZATION OR COMPANY)

and further state that:

- 1. _____ completed the Registration Statement
(NAME OF PERSON COMPLETING REGISTRATION IF DIFFERENT FROM ABOVE)
- 2. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;
- 3. I have read the Registration Statement and know the contents thereof.

[Signature]
(SIGNATURE)

The foregoing instrument was acknowledged before me the 28 day of July, 2004.

by Wendy Gentes, who is personally known to me or who has produced
KACUN as identification and who (did) (did not) take an oath.

SEAL/STAMP



MY COMMISSION EXPIRES: 4/20/06

[Signature]
(NOTARY PUBLIC SIGNATURE)

Lisa Sentez Guy
(NOTARY PUBLIC NAME, PLEASE PRINT)