


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90290 015 \*\*\*\*61.25

<b>DOCUMENT # N46258</b> 1. Entity Name <b>ROTARY CLUB OF KEY LARGO, INC.</b>	
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Principal Place of Business <b>P.O. BOX 252 KEY LARGO FL 33037</b>	Mailing Address <b>P.O. BOX 252 KEY LARGO FL 33037</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip      Country	City & State Zip      Country
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50050736

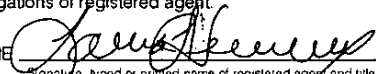


1st MOORE      CR2E037 (10/04)

4. FEI Number <b>65-0298310</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>L'HEUREX, LAURA 165 MOHAWK STREET TAVERNIER FL 33070</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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:       DATE: \_\_\_\_\_

(Signature, typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		Delete
TITLE	DT ANDERSON, WILLIAM A.	<input type="checkbox"/>
NAME	99198 OVERSEAS HWY, #7	
STREET ADDRESS	KEY LARGO FL	
CITY-ST-ZIP		
TITLE	TD NEWBERRY, SCOTT	<input type="checkbox"/>
NAME	1211 NAVAJO ST.	
STREET ADDRESS	TAVERNIER FL 33070	
CITY-ST-ZIP		
TITLE	T GENTES, WENDY	<input checked="" type="checkbox"/>
NAME	329 WOODS AVENUE	
STREET ADDRESS	TAVERNIER FL 33070	
CITY-ST-ZIP		
TITLE	PD L'HEUREX, LAURA	<input type="checkbox"/>
NAME	165 MOHAWK STREET	
STREET ADDRESS	TAVERNIER FL 33070	
CITY-ST-ZIP		
TITLE	SD BEATTY, CHRIS	<input type="checkbox"/>
NAME	38 BAHAMA AVE	
STREET ADDRESS	KEY LARGO FL 33037	
CITY-ST-ZIP		
TITLE	D MESSINA, PAUL	<input type="checkbox"/>
NAME	178 PLANATION AVENUE	
STREET ADDRESS	TAVERNIER FL 33070	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	Lisa Feliciano	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	P.O. Box 1097		
STREET ADDRESS	Treasurer		
CITY-ST-ZIP	Tavernier, FL 33070		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:**       Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR