

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90386 008 ****61.25

DOCUMENT # N93000000377					
1. Entity Name TRENTON ROTARY CLUB, INC.					
Principal Place of Business THEODORE M. BURT 114 NORTHEAST FIRST ST. TRENTON, FL 32693			Mailing Address THEODORE M. BURT PO BOX 308 TRENTON, FL 32693		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3141291	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURT, THEODORE M 114 NORTHEAST FIRST ST. TRENTON, FL 32693			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE DT NAME GORTON, DIANA STREET ADDRESS 3059 SW 57TH PLACE CITY-ST-ZIP TRENTON, FL 32693	☐ Delete				
TITLE P NAME YATES, DEWAYNE STREET ADDRESS P O BOX 1831 CITY-ST-ZIP TRENTON, FL 32693	☒ Delete				
TITLE DS NAME SMITH, CHARLIE STREET ADDRESS 3649 NW 67TH TERRACE CITY-ST-ZIP BELL, FL 32619	☐ Delete				
TITLE DVP NAME FEATHER, MARK J STREET ADDRESS P.O. BOX 308 CITY-ST-ZIP TRENTON, FL 32693	☐ Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete				
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete				
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/28/05 Daytime Phone #: 752 463 2348					