


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90384 033 \*\*\*\*61.25

**DOCUMENT # N97000002317**  
 1. Entity Name  
**GREENACRES ROTARY CLUB, INC.**



Principal Place of Business  
**175 ST DAVIDS WAY  
 WELLINGTON, FL 33414**

Mailing Address  
**POST OFFICE BOX 540254  
 LAKE WORTH, FL 33454**

**DO NOT WRITE IN THIS SPACE**

40056994



02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0102794** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~MERRY, APRIL  
 175 ST. DAVIDS WAY  
 WELLINGTON, FL 33414~~  
**Karen R. Gramenz  
 7138 Lake Worth Rd #102  
 Lake Worth, FL 33467**

**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.  
**Karen R. Gramenz, Director/Treasurer**

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4-21-06**

**Filing Fee is \$81.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER, KRISTINE 4360 LISA DR LAKE WORTH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, WILLIAM 15077 SCOTT PLACE LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, SHARON <del>7009 PINETREE LN WEST PALM BEACH, FL 33406</del> 3103 Grandiflora Dr. Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Karen R. Gramenz 7138 Lake Worth Rd #102 Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **Karen R. Gramenz, Director/Treasurer** DATE: **4-21-06** Daytime Phone #: **561 965 4922**