

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001192

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: CANTONMENT ROTARY CLUB FOUNDATION, INC.

## Current Principal Place of Business:

P.O. BOX 235  
CANTONMENT, FL 32533

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 235  
CANTONMENT, FL 32533

## New Mailing Address:

6251 LAKE CHARLENE DRIVE  
PENSACOLA, FL 32506

FEI Number: 59-3497386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYWID, EDWARD T  
4502 TWIN OAKS DR.  
PENSACOLA, FL 32506 US

## Name and Address of New Registered Agent:

BOYWID, EDWARD T  
6251 LAKE CHARLENE DRIVE  
PENSACOLA, FL 32506 US

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.

SIGNATURE:

01/26/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BURK, KATHLEEN  
Address: 9713 CREEK BRIDGE CIRCLE  
City-St-Zip: PENSACOLA, FL 32574

Title: VPD ( ) Delete  
Name: MOOREHEAD, CHRIS  
Address: 8450 PENSACOLA BLVD. CREEK BRIDGE CIRCLE  
City-St-Zip: PENSACOLA, FL 32522

Title: VD ( ) Delete  
Name: HAMMOND, ADRIAN  
Address: 9735 N. PALOFOX ST.  
City-St-Zip: PENSACOLA, FL 32534

Title: SD ( ) Delete  
Name: STALLIONS, CHARLES  
Address: 3164 RAINES ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete  
Name: ENGLAND, CATHY  
Address: 806 COULTER AVE.  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: BOYWID, EDWARD T  
Address: 6251 LAKE CHARLENE DRIVE  
City-St-Zip: PENSACOLA, FL 32506

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MOOREHEAD, CHRIS  
Address: 8450 PENSACOLA BLVD. CREEK BRIDGE CIRCLE  
City-St-Zip: PENSACOLA, FL 32522

Title: VD (X) Change ( ) Addition  
Name: HAMMOND, ADRIAN  
Address: 9735 N. PALOFOX ST.  
City-St-Zip: PENSACOLA, FL 32534

Title: VD (X) Change ( ) Addition  
Name: FREDERICK, PAUL  
Address: 3237 COPPER RIDGE  
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change ( ) Addition  
Name: WESTLAKE, JANET  
Address: 694 CANDY LANE  
City-St-Zip: CANTONMENT, FL 32533

Title: TD (X) Change ( ) Addition  
Name: FRANKLIN, JIM  
Address: HARVESTERS FED. CREDIT UNION P.O. BOX 5  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD T. BOYWID

D

01/26/2005

Electronic Signature of Signing Officer or Director

Date