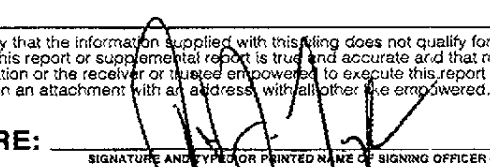


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19680</b> 1. Entity Name <b>THE ROTARY CLUB OF BOCA RATON, INC.</b>					
Principal Place of Business PO BOX 221345 WEST PALM BEACH, FL 33422 US			Mailing Address PO BOX 221345 WEST PALM BEACH, FL 33422 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1355425</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRISCH, DENNIS R.</b> <b>1070 SW 19TH STREET</b> <b>BOCA RATON, FL 33486</b>				7. Name and Address of New Registered Agent  Name Street Address (P O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
PD TAYLOR, RICHARD 2229 NW 23RD WAY BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
SD GUISANO-PELAEZ, CAMILLE 2200 DISCOVERY CIRCLE W DERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TD RICHMAN, CRAIG 10914 NW 71ST COURT PARKLAND, FL 33076		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>3/03/04</b> Daytime Phone #					