

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006791

**Entity Name:** BELLEAIR ROTARY FOUNDATION, INC.

**Current Principal Place of Business:**

711 PINELLAS STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

POB 875  
CLEARWATER, FL 33757 US

**FEI Number: 46-0609910**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JENNINGS, THOMAS CIII  
711 PINELLAS STREET  
CLEARWATER, FL 33756 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           AMBJORNSON, ULF  
Address        117 OPAL LANE  
City-State-Zip: BELLEAIR FL 33756

Title           PRESIDENT  
Name           BIALAS, ROBERT DR.  
Address        59 N. PINE CIRCLE  
City-State-Zip: BELLEAIR FL 33756

Title           TREASURER  
Name           DICKSON, CHRISTINA  
Address        2781 WEST BAY  
City-State-Zip: BELLEAIR BLUFFS FL 33756

Title           DIRECTOR  
Name           CROWN, KAREN  
Address        2 SEASIDE LANE #104  
City-State-Zip: BELLEAIR FL 33756

Title           DIRECTOR  
Name           PICCARRETO, KEVIN  
Address        116 OPAL LANE  
City-State-Zip: BELLEAIR FL 33756

*I hereby 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 all other like empowered.*

**SIGNATURE: DR ROBERT BIALAS**

**PRESIDENT**

**02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date