


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 700095 1. Entity Name WEST PALM BEACH ROTARY CLUB STUDENT AID FUND, INC.					
Principal Place of Business 4552 BROOK DRIVE WEST PALM BEACH, FL 33417 US			Mailing Address POST OFFICE BOX 221345 WEST PALM BEACH, FL 33422-1345 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 59-1002972	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUSH, KATHY 4552 BROOK DRIVE WEST PALM BEACH, FL 33417				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 <u><i>Kathy Bush</i></u> <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE <u><i>2/19/04</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, DUANE <input type="checkbox"/> Delete % BUSH MANAGEMENT, P. O. BOX 221345 WEST PALM BEACH, FL 334221345			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANSTIS, JIM <input type="checkbox"/> Delete % BUSH MANAGEMENT, P. O. BOX 221345 WEST PALM BEACH, FL 334221345			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KISSEL, GREG <input type="checkbox"/> Delete % BUSH MANAGEMENT, P. O. BOX 221345 WEST PALM BEACH, FL 334221345			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HOWARD <input type="checkbox"/> Delete % BUSH MANAGEMENT, P. O. BOX 221345 WEST PALM BEACH, FL 334221345			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUHRSEN, DAVID <input type="checkbox"/> Delete % BUSH MANAGEMENT, P. O. BOX 221345 WEST PALM BEACH, FL 334221345			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOFASO, TONY <input type="checkbox"/> Delete % BUSH MANAGEMENT, P. O. BOX 221345 WEST PALM BEACH, FL 334221345			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>[Signature]</i></u> Date <u><i>2/24/04</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					