

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90301 040 ****61.25

DOCUMENT # 704279

1. Entity Name

ROTARY CLUB OF CANTONMENT FLORIDA INC



Principal Place of Business

P.O. BOX 235
CANTONMENT FL 32533

Mailing Address

P.O. BOX 235
CANTONMENT FL 32533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6153586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARPENTER III, MARSHALL O MR.
8450 PENSACOLA BLVD
PENSACOLA FL 32534

7. Name and Address of New Registered Agent

Name

Cathy England
Charles Stallions

Street Address (P.O. Box Number is Not Acceptable)

806 Coulter Avenue

City

Cantonment
Pensacola FL

FL

Zip Code

32533

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOOREHEAD, CHRIS	
STREET ADDRESS	PO BOX 17129	
CITY-ST-ZIP	PENSACOLA FL 32522	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PERANICH, STEVE	
STREET ADDRESS	4914 PATTOCK PL.	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BURK, KATHLEEN	
STREET ADDRESS	9713 CREEK BRIDGE CIR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER III, MARSHALL O	
STREET ADDRESS	8450 PENSACOLA BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy J. England	
STREET ADDRESS	806 Coulter Avenue	
CITY-ST-ZIP	Cantonment FL 32533	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Moorehead	
STREET ADDRESS	P.O. Box 17129	
CITY-ST-ZIP	Pensacola, FL 32522	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Stallions	
STREET ADDRESS	PO Box 235	
CITY-ST-ZIP	Cantonment FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

Date

850-435-1385

Daytime Phone #