


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90237 047 ****61.25

DOCUMENT # 705242 1. Entity Name ROTARY CLUB OF ENGLEWOOD, INCORPORATED					
Principal Place of Business P.O. BOX 176 ENGLEWOOD, FL 34295-7176			Mailing Address P.O. BOX 176 ENGLEWOOD, FL 34295-7176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARBOUR, BARBARA C 12355 COLE AVE PORT CHARLOTTE, FL 33981				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Barbara C. Arbour</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>4/21/06</u> <small>DATE</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCARTHY, MICHELLE 11798 CLAREMONT DRIVE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARTHY, MICHELLE 11798 CLAREMONT DRIVE PORT CHARLOTTE, FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, ESTHER 1017 BAY HARBOR DRIVE ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD EAGEN 1125 SOUTH LN ENGLEWOOD, FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENSLEY, TERRENCE 1185 BAYSHORE DR ENGLEWOOD, FL 34233 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORRIE RENFROW 560 FALKLAND RD. VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POPESEU, DORIAN 1720 HUDSON ST ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER WESCOTT 1225 S. MCCALL RD. ENGLEWOOD, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHONER, CAROLYN 360 SOUTH OXFORD DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHONER, CAROLYN 360 SOUTH OXFORD DRIVE ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSANOVICH, TAD 579 S. INDIANA AVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSANOVICH, TAD 150 S. INDIANA AVE ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: BARBARA ARBOUR <u><i>Barbara Arbour</i></u>				04-19-06 941 697 5609	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

ATTACHMENT

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DOCUMENT # 705242

PRESIDENT

DORIAN POPESCU
1720 HUDSON ST.
ENGLEWOOD, FL 34223

TREASURER

BARBARA ARBOUR
1235 COLE AVE.
PORT CHARLOTTE, FL 33981

X *Barbara Arbour*
BARBARA ARBOUR, TREASURER