


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90470 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1004666	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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>				DATE <u>4/26</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	VP D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARTHY, MICHELLE	NAME			
STREET ADDRESS	11798 CLAREMONT DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORTON, ESTHER	NAME			
STREET ADDRESS	1017 BAY HARBOR DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	PE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EAGEN, EDWARD	NAME			
STREET ADDRESS	1125 SOUTH LN.	STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RENFROW, LORRIE	NAME	Barbara Arbour		
STREET ADDRESS	580 FALKLAND RD.	STREET ADDRESS	12355 Cole Ave.		
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	Port Charlotte, FL 33981		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHONER, CAROLYN	NAME	Peter Mason		
STREET ADDRESS	360 SOUTH OXFORD DRIVE	STREET ADDRESS	331 Pine Glen Ct		
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	Englewood, FL 34223		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOSANOVICH, TAD	NAME			
STREET ADDRESS	150 S. INDIANA AVE	STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP			
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: <u><i>Barbara C. Arbour</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/26/07</u> Daytime Phone # <u>941-697-5609</u>	

ATTACHMENT

60045278
705242

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Jack Gray 86 N. Orange St Englewood, FL 34223	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joseph Mason 720 Sesame St Englewood, FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Valerie Wagner PO. Box 535 Englewood, FL 34295	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dorran Popescu 1720 Hudson St Englewood, FL 34223	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

he exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DIRECTOR

Date

Daytime Phone #