


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713510</b> 1. Entity Name CAMP ROTARY FOUNDATION, INC.	
--	---

Principal Place of Business 123 AVENUE C SW WINTER HAVEN, FL	Mailing Address 123 AVENUE C SW WINTER HAVEN, FL
--	--

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2011019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TRAKAS, ANDREW P  
123 AVENUE C, S.W.  
WINTER HAVEN, FL 33880

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

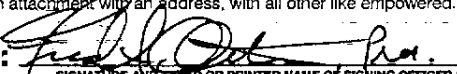
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OETERS, FRED 924 WEDGEWOOD LN LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHEMMER, GARY B 215 1ST STREET NORTH WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGEE, TERRY 5716 EMARLD RIDGE DR. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAKAS, ANDREW 123 AVENUE C SW WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, LYONAL 2522 JONILA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASBURY, JACKIE 1516 LEIGHTON AVE LAKELAND, FL

000000181331  
01/14/05-80044-011 61.25

**DO NOT WRITE IN THIS SPACE**

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:  **FRED A. Oeters** 1/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #