

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 713510
 1. Entity Name
CAMP ROTARY FOUNDATION, INC.



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

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent
TRAKAS, ANDREW P
123 AVENUE C, S.W.
WINTER HAVEN, FL 33880

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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, 2006 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	PO 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

1100000438092
 02/28/06-80072-012 61.25

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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 my address, with all other like empowered.

SIGNATURE:  **FRED A. Oeters** 2/17/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #