# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# 716324

**Entity Name:** ROTARY CLUB OF SEMINOLE CHARITABLE FUND, INC.

**Current Principal Place of Business:**

9001 134TH WAY NORTH
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3313
SEMINOLE, FL 33775

**New Mailing Address:**

**FEI Number: 23-7033683** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELIAS, JOHN M.
611 DRUID ROAD EAST, STE. 512
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DS | ( ) Delete |
| Name: | STEPHENSON, AL | |
| Address: | 9001 134 WAY N | |
| City-St-Zip: | SEMINOLE, FL 33776 | |
| Title: | DP | ( ) Delete |
| Name: | ZIEGLER, PAUL P | |
| Address: | 13961 88TH TERRACE NORTH | |
| City-St-Zip: | SEMINOLE, FL 33776 | |
| Title: | DV | ( ) Delete |
| Name: | COLLIER, TERRY | |
| Address: | 5230 DENVER ST. NE | |
| City-St-Zip: | ST PETERSBURG, FL 33703 | |
| Title: | DT | ( ) Delete |
| Name: | MARTINOVICH, JOHN | |
| Address: | 10526 118TH STREET NORTH | |
| City-St-Zip: | LARGO, FL 33773 | |
| Title: | D | ( ) Delete |
| Name: | JANES, KIP | |
| Address: | 9576 OAKHURST ROAD | |
| City-St-Zip: | SEMINOLE, FL 33776 | |
| Title: | D | ( ) Delete |
| Name: | HOFFMAN, LARRY | |
| Address: | 463 HAVEN POINT DR | |
| City-St-Zip: | TREASURE ISLAND, FL 33706 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MARTINOVICH DT 04/26/2005

Electronic Signature of Signing Officer or Director — Date