## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#716324**

FILED Apr 28, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 9001 134TH WAY NORTH SEMINOLE, FL 33776 **Current Mailing Address: New Mailing Address:** P.O. BOX 3313 SEMINOLE, FL 33775 FEI Number: 23-7033683 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELIAS, JOHN M. 611 DRUID ROAD EAST, STE. 512 CLEARWATER, FL 33756 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Delete () Change () Addition STEPHENSON, AL Name: Name: 9001 134 WAY N Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: DP Title: (X) Change ( ) Addition ( ) Delete ZIEGLER, PAUL P Name: COLLIER, TERRY Name: Address: 13961 88TH TERRACE NORTH Address: 5230 DENVER STREET, N.E. City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: ST. PETERSBURG, FL 33703 Title: DV () Delete Title: (X) Change ( ) Addition COLLIER, TERRY MALLORY, ROBIN Name: Name: 5230 DENVER ST. NE 10596 NINA STREET Address: Address: City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: SEMINOLE, FL 33778 Title: DT Title: () Change () Addition () Delete MARTINOVICH, JOHN Name: Name: 10526 118TH STREET NORTH Address: Address: LARGO, FL 33773 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition JANES, KIP Name: Name: 9576 OAKHURST ROAD Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: (X) Delete Title: () Change () Addition HOFFMAN, LARRY Name: Name: Address: 463 HAVEN POINT DR Address: TREASURE ISLAND, FL 33706 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/28/2006