
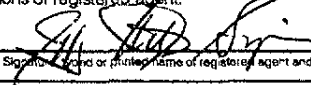
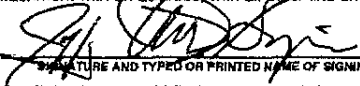


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 719653 1. Entity Name ROTARY CLUB OF CYPRESS GARDENS, FLORIDA, INCORPORATED			
Principal Place of Business P.O. BOX 485 WINTER HAVEN, FL 33882		Mailing Address P.O. BOX 485 WINTER HAVEN, FL 33882	
DO NOT WRITE IN THIS SPACE			
01072004 No Chg-NP CR2E037 (10/03)			
4. FEI Number 59-1350055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, JEFFREY P 1124 1ST ST SOUTH 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:  JEFFREY PHILIP SIMPSON, SECRETARY 1/6/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	MAY, WILLARD		
STREET ADDRESS	9 LAKE LINK DR SE		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	P		
NAME	HADDON, JACK		
STREET ADDRESS	1424 GRAND ANYON CIR		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	PP		
NAME	EDWARDS, KIM		
STREET ADDRESS	231 KILMER LANE		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	D		
NAME	GREGORY, BILL		
STREET ADDRESS	752 SANTA MARIA DR.		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	D		
NAME	SORIANO, EDWIN		
STREET ADDRESS	206 SECURITY SQ		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		
TITLE	PP		
NAME	KIRKLAND, DARRELL		
STREET ADDRESS	125 HAWTHORNE RD SE		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  JEFFREY P SIMPSON 1/6/2004 (863) 298 8500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			