

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90063 025 *****70.00

DOCUMENT # 724836

1. Entity Name

ROTARY CLUB OF PINELLAS PARK, FLORIDA U.S.A.,
INC.

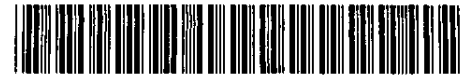


Principal Place of Business

P.O. BOX 206
PINELLAS PARK FL 33780-0206
US

Mailing Address

P.O. BOX 206
PINELLAS PARK FL 33780-0206
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7046309

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAARSCHMIDT, JOANNE
9170 42ND STREET NORTH
PINELLAS PARK FL 33782

Name

Hope Peterson

Street Address (P.O. Box Number is Not Acceptable)

11285 60th St. No

City

Pinellas Park,

FL

Zip Code

33782

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

Hope Peterson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MIANO, ROBERT
STREET ADDRESS 5683 BAYVIEW DR
CITY-ST-ZIP SEMINOLE FL 33772

TITLE PD ☒ Change ☐ Addition
NAME Wornicki, Karen
STREET ADDRESS 180 79th St. So.
CITY-ST-ZIP St. Petersburg, FL 33707

TITLE DV ☐ Delete
NAME WORNICKI, KAREN
STREET ADDRESS 180 79TH ST SO
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE DV ☐ Change ☒ Addition
NAME Todd, Barbara Sheen-
STREET ADDRESS 6107 100th Way No.
CITY-ST-ZIP St. Petersburg, FL 33708

TITLE SD ☐ Delete
NAME SCHAARSCHMIDT, JOANNE
STREET ADDRESS 9170 42ND STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE SD ☐ Change ☒ Addition
NAME Hope Peterson
STREET ADDRESS 11285 60th St. No.
CITY-ST-ZIP Pinellas Park, FL 33782

TITLE TD ☐ Delete
NAME WENNLUND, GERALD
STREET ADDRESS 5422 BAYWATER DR
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PPD ☒ Delete
NAME STEWART, TOM
STREET ADDRESS 225 WINDWARD ISLAND
CITY-ST-ZIP CLEARWATER FL 33767

TITLE PPD ☒ Change ☐ Addition
NAME Miano, Robert
STREET ADDRESS 5683 Bayview Dr.
CITY-ST-ZIP Seminole, FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE:

Hope Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07
Date

Daytime Phone #