

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90372 019 ****61.25

DOCUMENT # 724986

1. Entity Name
ROTARY CLUB OF ST. PETERSBURG WEST, FLORIDA,
U.S.A., INC.



Principal Place of Business
C/O LARRY D. FLOYD
PO BOX 47635
ST. PETERSBURG, FL 33743 US

Mailing Address
C/O LARRY D. FLOYD
PO BOX 47635
ST. PETERSBURG, FL 33743 US

40050930



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6152291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEASURE, EILEEN K
1636 ANASTASIA WAY S
ST. PETERSBURG, FL 33712

7. Name and Address of New Registered Agent

Name ROLFE DUGGAR ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
4699 CENTRAL AVE

City ST PETERSBURG FL Zip Code 33713

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 [Signature] DATE 4/12/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE SD ☒ Delete
NAME PAONESSA, BARBARA
STREET ADDRESS 6122 KIPSS COLONY DR
CITY-ST-ZIP GULFPORT, FL 33707

TITLE PD ☐ Delete
NAME MUNFORD, JEFF
STREET ADDRESS 2923 W VINA DEL MAR BLVD
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE PPD ☒ Delete
NAME SPARKY, CLARK
STREET ADDRESS 470 129TH AVE E
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE TD ☐ Delete
NAME FLOYD, LARRY D
STREET ADDRESS 2463 STAG RUN BLVD
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE PED ☒ Delete
NAME MUNFORD, JEFF
STREET ADDRESS 2923 W. VINA DEL MAR BLVD
CITY-ST-ZIP ST PETE BEACH, FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SECRETARY & DIRECTOR ☐ Change ☒ Addition
NAME JIM SPANGLER
STREET ADDRESS 7974 SAILBOAT KEY BLVD, #806
CITY-ST-ZIP 50 PASADENA, FL 33706

TITLE PPD & DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT & DIRECTOR ☐ Change ☒ Addition
NAME AL MICHELETTI
STREET ADDRESS 3728 - 65TH WAY NO
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE PED & DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER & DIRECTOR ☐ Change ☒ Addition
NAME BRENDA WHITMAN
STREET ADDRESS 6327 PASADENA POINT BLVD
CITY-ST-ZIP GULFPORT, FL 33707

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 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 an address, with all other like empowered.

SIGNATURE: [Signature] President Elected 4/12/06 (907) 897-9510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #