

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90500 018 \*\*\*\*61.25

**DOCUMENT # 725408**

1. Entity Name  
**PORT CHARLOTTE ROTARY CLUB INC**



Principal Place of Business  
**222 NESBIT ST.  
P.O. BOX 308  
PUNTA GORDA, FL 33950**

Mailing Address  
**P.O. BOX 510308  
PUNTA GORDA, FL 33951**

**20053903**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-6155120**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MCCLUSKY, ROGER J.  
222 NESBIT ST.  
PORT CHARLOTTE, FL 33950**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, JAMES	
STREET ADDRESS	5140 ADMINSTRATION ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33348	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARVIN, PHILLIP	
STREET ADDRESS	2395 NUREMBERG BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, MICHAEL H	
STREET ADDRESS	1393 MOHAWK DR.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOMERVILLE, JERRY	
STREET ADDRESS	1343 UNDERHILL CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, PHILIP	
STREET ADDRESS	1515 LANCO	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33946	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCLUSKY, ROGER	
STREET ADDRESS	3073 KINGSTON STREET	
CITY-ST-ZIP	PORT CHARLOTTE, FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUEYEA, LINDA	
STREET ADDRESS	1021 BAY HARBOR	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Roger J. McClusky* **ROGER J. MCCLUSKY TREASURER**

Date

**4/28/05**

Daytime Phone #

**(941) 634-2146**

ATTACHMENT

20053903  
# 125408

2005 UNIFORM BUSINESS REPORT  
ATTACHMENT

PORT CHARLOTTE ROTARY CLUB INC #596155120

BLOCK 10 AND 11 OFFICERS AND DIRECTORS

NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP
Holt, Anita	P/D	19401 Lauzon Ave	Port Charlotte, FL 33948
Tennant, Richard	D	21487 Shannon Ave.	Port Charlotte, FL 33952
Kalaf, George	D	133 SE Sinclair St	Port Charlotte, FL 33952