


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90039 015 ****61.25

DOCUMENT # 726202
1. Entity Name
DELRAY BEACH ROTARY FUND, INC.



Principal Place of Business Mailing Address
P. O. BOX 807 P. O. BOX 807
DELRAY BEACH FL 33447 DELRAY BEACH FL 33447

54034836



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
23-7313386 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SIMON, ERNEST G
STE. A-1, 100 N.E. FIFTH AVENUE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME ARCHER, PATRICIA	P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 380 SHERWOOD FOREST DR		
CITY-ST-ZIP DELRAY BEACH FL 33445		
TITLE NAME SOWARDS, JESS M	TD	<input type="checkbox"/> Delete
STREET ADDRESS 635 EDDY ST.		
CITY-ST-ZIP BOCA RATON FL 33487		
TITLE NAME DENKLER, MARK	VP	<input type="checkbox"/> Delete
STREET ADDRESS 320 N.W. 9TH ST.		
CITY-ST-ZIP DELRAY BEACH FL		
TITLE NAME SIMON, ERNEST G.	D	<input type="checkbox"/> Delete
STREET ADDRESS 3476 ROYAL TURN LANE		
CITY-ST-ZIP BOYNTON BEACH FL		
TITLE NAME KERR-JARRETT, GEORGINA	SD	<input type="checkbox"/> Delete
STREET ADDRESS 6858 VILLAS DR WEST		
CITY-ST-ZIP BOCA RATON FL		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME DENKLER, MARK	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 320 N.W. 9TH ST.		
CITY-ST-ZIP DELRAY BEACH, FL.		
TITLE NAME ADAMS, WILLIAM	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 19 N.W. 24 COURT		
CITY-ST-ZIP DELRAY BEACH, FL. 33444		
TITLE NAME SOWARDS, JESS M	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 635 EDDY ST.		
CITY-ST-ZIP BOCA RATON, FL. 33487		
TITLE NAME PHILLIPS, LEO	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 50 E. ROAD		
CITY-ST-ZIP DELRAY BEACH, FL. 33483		
TITLE NAME KERR-JARRETT, GEORGINA	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6858 VILLAS DR WEST		
CITY-ST-ZIP BOCA RATON, FL.		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 fees empowered.

SIGNATURE:  **4-13-04** **561 276-4951**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #