


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90008 025 ****61.25

DOCUMENT # 729086 1. Entity Name ROTARY CLUB OF TARPON SPRINGS, INC.					
Principal Place of Business 110 S. LEVIS AVENUE TARPON SPRINGS, FL 34689			Mailing Address POST OFFICE BOX 234 TARPON SPRINGS, FL 34688		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VINSON, WILLIAM L. 110 SOUTH LEVIS AVE TARPON SPRINGS, FL 34689				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 _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P MATTIA, MICHAEL N 688 HIDDEN LAKE DR TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, ROBERT 1111 MAINSAIL DR TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELLEW, ROGER F 967 BAYSHORE DR. TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUCK, CHRISTINE 203 EAST TARPON AVE. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LACY, ROGER D 1206 E. BOYER ST. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDAD, RONALD J 334 BAY ST. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, ELIZABETH 895 GULFVIEW BLVD #104 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, TOM 1114 S FLORIDA AVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOULIANOS, JOHN 1020 PENINSULA AVE TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, ROBERT L. 27 NORTH RING AVE. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Christine Hauck</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 7/9/04 Daytime Phone #: 727-938-8818		

44048626



07072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6209596

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

VINSON, WILLIAM L.
110 SOUTH LEVIS AVE
TARPON SPRINGS, FL 34689

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 reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 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
STREET ADDRESS
CITY-ST-ZIP

P
MATTIA, MICHAEL N
688 HIDDEN LAKE DR
TARPON SPRINGS, FL 34689

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
SELLEW, ROGER F
967 BAYSHORE DR.
TARPON SPRINGS, FL 34689

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
LACY, ROGER D
1206 E. BOYER ST.
TARPON SPRINGS, FL 34689

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HADDAD, RONALD J
334 BAY ST.
TARPON SPRINGS, FL 34689

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
O'BRIEN, ELIZABETH
895 GULFVIEW BLVD #104
CLEARWATER, FL 33767

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KOULIANOS, JOHN
1020 PENINSULA AVE
TARPON SPRINGS, FL 34689

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
WILSON, ROBERT
1111 MAINSAIL DR
TARPON SPRINGS, FL 34689

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
HAUCK, CHRISTINE
203 EAST TARPON AVE.
TARPON SPRINGS, FL 34689

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CARSON, TOM
1114 S FLORIDA AVE
TARPON SPRINGS, FL 34689

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ALDERMAN, ROBERT L.
27 NORTH RING AVE.
TARPON SPRINGS, FL 34689

☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #