


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 730479 1. Entity Name THE ROTARY CLUB OF CLEARWATER CHARITIES, INC.	
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Principal Place of Business P.O. BOX 822 CLEARWATER, FL 33757 US	Mailing Address C/O NASH, THOMAS, II EQ. P.O. BOX 1669 CLEARWATER, FL 33757 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0188524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NASH, THOMAS C., II, ESQ. 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756

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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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000664265 03/22/07-80037-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILMAN, CRAIG A 1613 PARKSIDE DR CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUINAH, JOEL 20 BAYWOOD CT. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARLISLE, DANIEL W 426 STAND ROWS DRIVE BELLEAIR, FL 34616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NALL, CARROL M 1524 MAPLE ST CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Scott K. Hale **Scott K. Hale, Sec. 3/2/07 (727) 442-7299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #