2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2005 8:00 am Secretary of State **DOCUMENT #730961** 04-06-2005 90104 044 ****61.25 ROTÁRY CLUB OF SUN CITY CENTER, FLORIDA, INC. Principal Place of Business Mailing Address 1851 KICKENBACKER DR. PO BOX 5382 SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 23-7152913 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANGJAHR, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 1851 KICKENBACKER DR. SUN CITY CENTER, FL 33573 6. 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 & 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Robert HAUSER TITLE DVP Delete TITLE 1010 American Eagle BIVD. Sun City Center, FL 33571. GRANT, RODERICK P NAME NAME STREET ADDRESS 708 ELHORN RD. STREET ADDRESS SUN CITY CENTER, FL 33573 CTY-ST-7P CITY-ST-ZIP DP ☐ Defete TITLE NAME LANGJAHR, MICHAEL J NAME STREET ADDRESS 1851 KICKENBACKER DR. STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition DUFFY, JAMES W NAME NAME STREET ADDRESS 705 WINTERBROOKE WAY STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-7iP CITY-ST-7/P Delete TITLE ☐ Addition SPENCE, JOHN BRANTLEY NAME NAME STREET ADDRESS 4008 W DALE AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336094407 CITY-ST-ZIP Delete TITLE TITLE ☐ Addition BUKOWSKI, BARBARA NAME NAME STREET ADDRESS 632 ALLEGHENY DR STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-7P ☐ Delete Addition

FILED

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

C/TY-ST-ZIP

SIGNATURE: