

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90321 050 ****61.25

DOCUMENT # 730961 1. Entity Name ROTARY CLUB OF SUN CITY CENTER, FLORIDA, INC.					
Principal Place of Business 1851 KICKENBACKER DR. SUN CITY CENTER, FL 33573 US			Mailing Address PO BOX 5382 SUN CITY CENTER, FL 33573 US		
2. Principal Place of Business 1010 AMERICAN EAGLE BLVD Suite, Apt. #, etc. Apt. 544			3. Mailing Address Suite, Apt. #, etc.		
City & State SUN CITY CENTER Zip 33573 Country US			City & State Zip Country		
4. FEI Number 23-7152913			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DUTTY, JAMES 705 WINTERBROOKE WAY SUN CITY CENTER, FL 33573			7. Name and Address of New Registered Agent Name HAUSER, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 1010 AMERICAN EAGLE BLVD Apt 544 City SUN CITY CENTER FL Zip Code 33573		
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 <u>ROBERT E. HAUSER, TREASURER</u> <i>[Signature]</i> 4/6/06 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, 2006		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	DVP	☐ Delete	TITLE	D GRANT, RODERICK P	☒ Change ☐ Addition
NAME	GRANT, RODERICK P		NAME	1010 AMERICAN EAGLE BLVD Apt 135	
STREET ADDRESS	708 ELHORN RD.		STREET ADDRESS	SUN CITY CENTER, FL. 33573	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP		
TITLE	DP	☒ Delete	TITLE	D LOBO, BRANKO	☐ Change ☒ Addition
NAME	LANGJAHN, MICHAEL J		NAME	2132 ACADIA GREEN DR.	
STREET ADDRESS	1851 KICKENBACKER DR.		STREET ADDRESS	SUN CITY CENTER, FL 33573	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP		
TITLE	DPE	☒ Delete	TITLE	P NICHOLS, SALLY	☐ Change ☒ Addition
NAME	DUFFY, JAMES W		NAME	1010 AMERICAN EAGLE BLVD Apt 114	
STREET ADDRESS	705 WINTERBROOKE WAY		STREET ADDRESS	SUN CITY CENTER, FL 33573	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP		
TITLE	T	☐ Delete	TITLE	T HAUSER, ROBERT	☒ Change ☐ Addition
NAME	HAEISER, ROBERT		NAME	1010 AMERICAN EAGLE BLVD, Apt 544	
STREET ADDRESS	1010 AMERICAN EAGLE BLVD		STREET ADDRESS	SUN CITY CENTER, FL 33573	
CITY - ST - ZIP	SUN CITY CENTER, FL 33571		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	S WILCOX, DONNA	☐ Change ☒ Addition
NAME			NAME	5406 79th AVE East	
STREET ADDRESS			STREET ADDRESS	Palmdale, FL 34281-8827	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	D WHEELER, WILLIAM H.	☐ Change ☒ Addition
NAME			NAME	1001 LA JOLLA AVE	
STREET ADDRESS			STREET ADDRESS	SUN CITY CENTER, FL 33573	
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>ROBERT E. HAUSER, TREASURER</u> <i>[Signature]</i> 4/6/06 (813) 633-5946 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					