

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733688

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: THE GULF BCHS. ROTARY CLUB, INC.

**Current Principal Place of Business:**

64 DOLPHIN DR.  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

64 DOLPHIN DR.  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 59-6209589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEADY, SUZANNE  
725 116TH AVE  
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VALMAIN, RICHARD  
Address: 488 SANDY HOOK RD.  
City-St-Zip: TREASUER ISLAND, FL 33706

Title: D ( ) Delete  
Name: MALOOF, MARY  
Address: #10 PARADISE LA  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD ( ) Delete  
Name: DEADY, SUZANNE  
Address: 725 116TH AVE, #C-2  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P ( ) Delete  
Name: CHARLES, COWARD  
Address: 64 DOLPHIN DRIVE  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: T ( ) Delete  
Name: COWARD, CAROL L  
Address: 64 DOLPHIN DR.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: BLACK, HARRY  
Address: 11055 7TH ST. E  
City-St-Zip: TREASURE ISLAND, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VALMAIN, RICHARD  
Address: 488 SANDY HOOK RD.  
City-St-Zip: TREASUER ISLAND, FL 33706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CHARLES, COWARD  
Address: 64 DOLPHIN DRIVE  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL L. COWARD

T

01/06/2004

Electronic Signature of Signing Officer or Director

Date