

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733688

FILED
Jan 31, 2005
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: P () 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: D () 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: ENGLAND, BILL
Address: 3990 58TH WAY NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

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

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

Title: D (X) Change () Addition
Name: BURKE, JOHN
Address: 12405 3RD ST. E #304
City-St-Zip: TREASURE ISLAND, FL 33706

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

Title: D (X) Change () Addition
Name: MILLS, MARILYN
Address: 12275 ARLENE AVE.
City-St-Zip: SEMINOLE, FL 33772

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 COWARD

T

01/31/2005

Electronic Signature of Signing Officer or Director

Date