

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90060 034 \*\*\*\*61.25

**DOCUMENT # 740775**

1. Entity Name  
**HAINES CITY ROTARY CLUB, INC.**



Principal Place of Business  
**SOUTHERN DUNES  
2888  
HAINES CITY, FL 33844 US**

Mailing Address  
**435 GLEN EAGLES CT  
WINTER HAVEN, FL 33884 US**

1000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2867860**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, NEIL**  
**435 GLENEAGLES CT**  
**WINTER HAVEN, FL 33884**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, NELL	
STREET ADDRESS	435 GLENEAGLES CT	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAREFOOT, GEORGE	
STREET ADDRESS	313 HAMILTON SHORES DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODWAY, TOM	
STREET ADDRESS	24 NORTHINGHAM WAY	
CITY-ST-ZIP	HAINES CITY, FL 33884	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, CHARLES	
STREET ADDRESS	2525 NOKOMO RD.	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HESTER, GARY	
STREET ADDRESS	P.O. BOX 2026	
CITY-ST-ZIP	HAINES CITY, FL 33845	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Deese	
STREET ADDRESS	3211 Fairmont Place	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Franz	
STREET ADDRESS	4252 Muirfield Loop	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	Pres Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Secord	
STREET ADDRESS	114 Palm Place	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE

*Neil Johnson*