
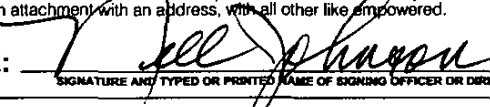


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90054 043 \*\*\*\*61.25

<b>DOCUMENT # 740775</b> 1. Entity Name <b>HAINES CITY ROTARY CLUB, INC.</b>					
Principal Place of Business <b>SOUTHERN DUNES</b> <b>2888</b> <b>HAINES CITY, FL 33844 US</b>			Mailing Address <b>435 GLEN EAGLES CT</b> <b>WINTER HAVEN, FL 33884 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2867860</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOHNSON, NELL</b> <b>435 GLENEAGLES CT</b> <b>WINTER HAVEN, FL 33884</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSON, NELL</b>		NAME		
STREET ADDRESS	<b>435 GLENEAGLES CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEESE, DEBORAH</b>		NAME	<b>VP</b>	
STREET ADDRESS	<b>3211 FAIRMONT PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HAINES CITY, FL 33844</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BRODWAY, TOM</b>		NAME	<b>D Beasley Doris</b>	
STREET ADDRESS	<b>24 NORTHINGHAM WAY</b>		STREET ADDRESS	<b>15A 6th St No.</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33884</b>		CITY-ST-ZIP	<b>Haines City, FL 33844</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRANZ, LINDA</b>		NAME		
STREET ADDRESS	<b>4252 MUIRFIELD LOOP</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WALES, FL 33859</b>		CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SECORD, CHARLES</b>		NAME	<b>P</b>	
STREET ADDRESS	<b>114 PALM PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HAINES CITY, FL 33844</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Freeman Bobbi</b>	
STREET ADDRESS			STREET ADDRESS	<b>121 8th St No</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Haines City, FL 33844</b>	
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: 			1-24-06 863-294-7541 Date Daytime Phone #		