


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90106 013 \*\*\*\*61.25

<b>DOCUMENT # 740775</b> 1. Entity Name <b>HAINES CITY ROTARY CLUB, INC.</b>					
Principal Place of Business <b>SOUTHERN DUNES</b> <del>2888</del> <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 - No P.O. Box #  		3. Mailing Address  			
Suite, Apt., #, etc. <i>2888 Southern Dunes Blvd</i>		Suite, Apt., #, etc.  			
City & State  		City & State  			
Zip  	Country  	Zip  	Country  	4. FEI Number <b>59-2867860</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, NELL</b> <b>435 GLENEAGLES CT</b> <b>WINTER HAVEN, FL 33884</b>				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</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>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHNSON, NELL 435 GLENEAGLES CT WINTER HAVEN, FL 33884			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEESE, DEBORAH 3211 FAIRMONT PLACE HAINES CITY, FL 33844			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEASH, DORIS 15A 6TH ST. NORTH HAINES CITY, FL 33844			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRANZ, LINDA 4252 MUIRFIELD LOOP LAKE WALES, FL 33859			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SECORD, CHARLES 114 PALM PLACE HAINES CITY, FL 33844			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE FREEMAN, BOBBI 121 8TH ST. NORTH HAINES CITY, FL 33844			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <i>Nell Johnson</i> <span style="float: right;">1-29-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					