
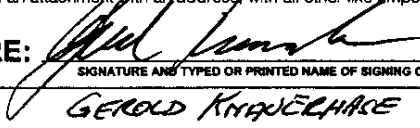


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90225 011 ****61.25

| | | | | | |
|---|----------------------------|--|--|---|--|
| DOCUMENT # 742147 | | | |  | |
| 1. Entity Name ROTARY CLUB OF MARCO ISLAND, INC. | | | | | |
| Principal Place of Business 615 ELKCAM CIR E MARCO ISLAND, FL 34145 US | | | Mailing Address PO BOX 353 MARCO ISLAND, FL 34146 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-6177443 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KNAUERHABE, GEROLD 463 ECHO CIRCLE MARCO ISLAND, FL 34145 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | SEC | <input type="checkbox"/> Delete | TITLE | PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STINE, JIM | | NAME | LINDA KEUTHANN | |
| STREET ADDRESS | 811 BLUEBONNET CT. | | STREET ADDRESS | 567 ELKCAM CIRCLE | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | MARCO ISLAND, FL 34145 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | SEC. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAGEE, VINCE | | NAME | COLIN PEPPE | |
| STREET ADDRESS | 606 BALD EAGLE DR. STE 606 | | STREET ADDRESS | 1115 EDINGTON PL. | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | MARCO ISLAND, FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | TR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATCHMAR, CAROLYN | | NAME | GEROLD KNAUERHASE | |
| STREET ADDRESS | 1241 OSPEEY CT. | | STREET ADDRESS | 463 ECHO CIRCLE | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLER, WADE | | NAME | | |
| STREET ADDRESS | 590 FIELDSTONE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | | |
| TITLE | TRES | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROENKE, RONALD | | NAME | | |
| STREET ADDRESS | 529 TIGERTAIL CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRAPER, TOM | | NAME | | |
| STREET ADDRESS | 695 SEAVIEW CT A-407 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | 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. | | | | | |
| SIGNATURE:  | | | 4-18-06 | | 238-394-8774 |
| GEROLD KNAUERHASE | | | Date | | Daytime Phone # |