

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90065 008 \*\*\*\*61.25

**DOCUMENT # 747477**

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



Principal Place of Business  
**37628 CHURCH AVENUE  
DADE CITY, FL 33526 US**

Mailing Address  
**P.O. BOX 44  
DADE CITY, FL 33526 US**

**60017523**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006 Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-6152295**

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

**BROWN, LEE  
13351 10TH STREET  
DADE CITY, FL 33525**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                                                |                                                                          |                                            |
|------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>EDWARD, BLOMMEL<br>38008 MERIDIAN AVE<br>DADE CITY, FL 33525        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRITTON, KATHERINE H<br>14150 6TH ST SUITE C<br>DADE CITY, FL 33525 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CUMBEE, RALPH W<br>13315 US 301<br>DADE CITY, FL 33525              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LULOFF, JOYCE<br>13634 US 98<br>DADE CITY, FL 33525                 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HODGES, MICHAEL<br>14096 5TH ST<br>DADE CITY, FL 33525              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                       |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KAREN PATTERSON<br>P.O. BOX 1866<br>DADE CITY, FL 33526-1866     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>TRUDY RAYBURN<br>41003 RIVER ROAD<br>DADE CITY, FL 33523         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GINNY SOLBERG<br>37235 ORANGE VALLEY LANE<br>DADE CITY, FL 33525 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TOM RULISON<br>35057 WHISPERING OAKS BLVD<br>DADE CITY, FL 33523 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JEANIE GERMAIN<br>38113 COUNTRYSIDE<br>DADE CITY, FL 33525       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KEVIN MORRIS<br>37412 CHURCH AVE<br>DADE CITY, FL 33525          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Virginia L. Solberg VIRGINIA L. SOLBERG, Treasurer 2/14/06 352 424-1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone