


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90133 044 \*\*\*\*61.25

**DOCUMENT # 753022**

1. Entity Name  
**THE ROTARY CLUB OF BONITA SPRINGS, INC.**



Principal Place of Business  
 9200 BONITA BCH.RD.  
 STE 204  
 BONITA SPRINGS, FL 34133

Mailing Address  
 P. O. BOX 474  
 BONITA SPRINGS, FL 34133 US

**54053407**



2. Principal Place of Business		3. Mailing Address		04062004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1882094		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PETER J. FRABUTT, CPA 9220 BONITA BEACH RD, #105 BONITA SPRINGS, FL 34135				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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUMPHREY, MARK J			NAME			
STREET ADDRESS	3371 BONITA BEACH RD			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAGY, BOB			NAME			
STREET ADDRESS	24729 LYONIA LANE			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OEHLER, BILL			NAME	CLARA GRAHAM		
STREET ADDRESS	752 WIGGINS LAKE DRIVE #102			STREET ADDRESS	25201 DIVOT DR.		
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
TITLE	D	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMLIN, RICHARD E			NAME			
STREET ADDRESS	3380 CREEKVIEW DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRABUTT, PETER J			NAME	JAY BARCLAY		
STREET ADDRESS	24900 FAIRWINDS			STREET ADDRESS	3310 CREEKVIEW DR.		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135			CITY-ST-ZIP	BONITA SPRINGS, FL 34134		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, GERRY			NAME			
STREET ADDRESS	1889 WINDING OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109			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:** *Clara Graham* **4/30/04** **239.495.9898**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #