

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90249 042 ****61.25

DOCUMENT # 756655

1. Entity Name **ROTARY INTERNATIONAL**
SANIBEL-CAPTIVA CLUB



Principal Place of Business

~~1584 TREDEGAR DRIVE~~
SANIBEL FL 33957
US

Mailing Address

P.O. BOX 686
SANIBEL FL 33957
US

2. Principal Place of Business

NA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

~~WEHNER, CARLENE H~~
~~1584 TREDEGAR DRIVE~~
~~FORT MYERS FL 33919~~

Arthur Cramer
209 Daniel Drive
Sanibel, FL 33957

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	EDP	<input type="checkbox"/> Delete
NAME	WEHNER, CARLENE E	Erhart Becker
STREET ADDRESS	1584 TREDEGAR DRIVE	1804 Turban Court
CITY-ST-ZIP	FORT MYERS FL 33919	Fort Myers, FL 33908
TITLE	S.P.	<input type="checkbox"/> Delete
NAME	SANDLER, CHET	
STREET ADDRESS	9454 BEGONIA CT.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUMANSKY, JOHN	DON Russell Dr.
STREET ADDRESS	12657 COCONUT CREEK CT	15830 Catalpa Grove
CITY-ST-ZIP	FORT MYERS FL 33908	Fort Myers, FL 33908
TITLE	V	<input type="checkbox"/> Delete
NAME	CARNEY, JOHN	
STREET ADDRESS	1767 SERENITY LANE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, ALLEN	John Bellino
STREET ADDRESS	4822 SANDLEWOOD LANE	8631 South Lake Circle
CITY-ST-ZIP	FORT MYERS FL 33907	Fort Myers, FL 33908
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDRICH, DICK	
STREET ADDRESS	1490 ALBATROSS RD	
CITY-ST-ZIP	SANIBEL FL 33957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Hagan	
STREET ADDRESS	561 Periwinkle Way #F3	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Cramer	
STREET ADDRESS	209 Daniel Dr.	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Graves	
STREET ADDRESS	1119 Periwinkle Way #103	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.B. Novelli	
STREET ADDRESS	1309 Pan View Dr.	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Denhart	
STREET ADDRESS	2777 West Gulf Dr #303	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Schwartz	
STREET ADDRESS	190 Violet Dr	
CITY-ST-ZIP	Sanibel, FL 33957	

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:

Arthur Cramer, Treasurer

Alcramer

Date

4/17/04 (339) 395-2413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #