


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90002 014 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # 760235</b><br>1. Entity Name<br><b>MIDTOWN ROTARY CLUB OF ST. PETERSBURG, FLORIDA, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>P O BOX 10328<br/>ST PETERSBURG, FL 33733-0328 US</b>   |   |  | Mailing Address<br><b>P.O. BOX 10328<br/>ST PETERSBURG, FL 33733-0328 US</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  |
| 4. FEI Number<br><b>59-1859963</b>  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  | <b>\$8.75 Additional Fee Required</b>  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>MCKINNEY, S. KEITH JR<br/>605-75TH AVENUE<br/>SAINT PETERSBURG BEACH, FL 33706</b>   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>WILLIAM A. ROBERTS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1700 66th STREET NORTH, SUITE 404</b><br>City<br><b>ST. PETERSBURG</b> <b>FL</b> Zip Code<br><b>33710-5512</b> |   |  |
| 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 <i>William A Roberts</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   | <b>WILLIAM A. ROBERTS</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  | <i>8/16/05</i><br><small>DATE</small>   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                      |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>DEGRAAF, BOB<br>3499 4TH ST N<br>SAINT PETERSBURG, FL 33704<br><input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>ANDERSON, DIANE<br>166 17TH AVE SE<br>SAINT PETERSBURG, FL 33701<br><input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SCHUMACHER, PAMELA<br>28050 US HIGHWAY 19 N<br>CLEARWATER, FL 33761<br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>ROBERTS, WILLIAM A<br>1700-66TH ST N # 404<br>SAINT PETERSBURG, FL 337105512<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>ROBERT D. DERRY<br>7430 SUNSHIRE SKYWAY LN, #504<br>ST. PETERSBURG, FL 33711<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>DEBORA M. McFARLANE<br>1700 - 63rd AVENUE SOUTH<br>ST. PETERSBURG, FL 33712<br><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 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: <i>William A Roberts</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <b>WILLIAM A. ROBERTS</b>  |  | <i>8/16/05</i><br><small>Date</small>   |  |
|   |   |  |  | 727 347-1799<br><small>Daytime Phone #</small>                                    |  |