

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764389

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: LARGO ROTARY CLUB, INC.

**Current Principal Place of Business:**

12933 WALSINGHAM ROAD  
LARGO, FL 33774 US

**New Principal Place of Business:**

**Current Mailing Address:**

12933 WALSINGHAM ROAD  
LARGO, FL 33774 US

**New Mailing Address:**

FEI Number: 59-6153462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LODEN, SCOTT T CPA  
5982 31ST AVENUE N.  
ST. PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

LODEN, SCOTT T CPA  
4601 CENTRAL AVENUE  
ST. PETERSBURG, FL 33713 US

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.

SIGNATURE: SCOTT T LODEN

04/30/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCURTAIN, JAMES  
Address: POST OFFICE BOX 578  
City-St-Zip: LARGO, FL 34649

Title: VPD ( ) Delete  
Name: BROWN, WOODY  
Address: 422 WEST BAY DRIVE  
City-St-Zip: LARGO, FL 33770

Title: T ( ) Delete  
Name: ARNTZEN, GIGI  
Address: POST OFFICE BOX 578  
City-St-Zip: LARGO, FL 34649

Title: S ( ) Delete  
Name: FLOWER, LINDA  
Address: POST OFFICE BOX 578  
City-St-Zip: LARGO, FL 34649

Title: D ( ) Delete  
Name: OSBURN, AVRIL  
Address: 855 FOUNTAIN HEAD DRIVE  
City-St-Zip: LARGO, FL 34649

Title: D ( ) Delete  
Name: COMEY, AL  
Address: 10225 ULMERTON ROAD  
City-St-Zip: LARGO, FL 33771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVRIL OSBURN

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date