
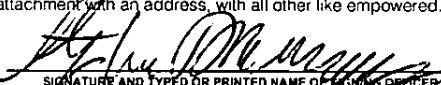


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 049 ****61.25

DOCUMENT # 765358					
1. Entity Name RUSKIN-APOLLO BEACH ROTARY CLUB, INC.					
Principal Place of Business P O BOX 1765 5908 FORTUNE PLACE RUSKIN, FL 33570 US			Mailing Address P. O. BOX 1765 5908 FORTUNE PLACE APOLLO BEACH, FL 33572-2643 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2833997	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLISSON, DAMON C., ESQ. 5908 FORTUNE PLACE APOLLO BEACH, FL 33570			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, MICHAEL 3006 TEGA KAY CT #7 RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, STEPHEN 2411 KIRKLAND RD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADCOCK, JAMES 5010 CAUSEWAY BLVD. TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALL, REX 219 LOOKOUT DR APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, REX 219 LOOKOUT DR APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, ROSALIE 2048 GRANTHAM GREENS DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURDICK, SHEILA 301 US HWY 41 NORTH RUSKIN, FL 33570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURDICK, SHEILA 500 FAIRHOPE DR APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 				Date 3-1-06 Daytime Phone # 813-641-3333	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR</small>					

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02202006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

FL