

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766574

FILED
Jan 03, 2012
Secretary of State

Entity Name: ROTARY CLUB OF HOMOSASSA SPRINGS, FLORIDA, U.S.A., INC.

Current Principal Place of Business:

LUGIS PIZZA
4538 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

ROTARY CLUB OF HOMOSASSA SPRINGS
P. O. BOX 2029
HOMOSASSA SPRINGS, FL 344472029 US

New Mailing Address:

FEI Number: 59-2543379 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NAST, CHRISTOPHER C.
263 E. REHILL ST.
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: TODD, LUKE
Address: 8491 W ANNA GAIL DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429 12

Title: T
Name: JONES, IVAN
Address: 94 SOUTH OAK VILLAGE BLVD
City-St-Zip: HOMOSASSA, FL 34446

Title: S
Name: NAYFIELD, MARYBETH H
Address: 161 SW 3RD STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D
Name: MACKLER, GREGG
Address: 2344 COLEMAN AVE
City-St-Zip: HOMOSASSA, FL 34448

Title: D
Name: DAVID, BOWMAN
Address: 1300 SUNTURF STREET
City-St-Zip: LECANTO, FL 34461

Title: D
Name: NAST, CHRISTOPHER C
Address: 162 E REHILL ST
City-St-Zip: LECANTO, FL 34461

I hereby 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 all other like empowered.

SIGNATURE: MARYBETH NAYFIELD

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01/03/2012

Electronic Signature of Signing Officer or Director

_____ Date