

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

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 766739

1. Entity Name

CHARLOTTE HARBOR ROTARY FOUNDATION, INC.



Principal Place of Business

BEST WESTERN
300 W RETTA ESPLANDE
PUNTA GORDA FL 33950
US

Mailing Address

P.O. BOX 510391
PUNTA GORDA FL 33951-0391

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2274640

Applied For

Not Applicable

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

DREHER, DANIELLE
6272 VAN CAMP ST
NORTH PORT FL 34286

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 file 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DREHER, DANIELLE
STREET ADDRESS 6272 VAN CAMP ST
CITY-ST-ZIP NORTH PORT FL 34286

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000057906
02/20/04-80008-012 70.00

TITLE ☐ Delete
NAME REHLING, CARL
STREET ADDRESS 5750 ALAMAR DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME MCDUFFIE, BOB
STREET ADDRESS P.O. BOX 27174
CITY-ST-ZIP EL JOBEAN FL 33927

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DESFORGE, MOE
STREET ADDRESS 4222 ALMAR DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CARTER, STEPHEN
STREET ADDRESS 21229-A OLEAN BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CLENDENIN, ROBERT
STREET ADDRESS 519 MATARES DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04

Date

941-457-0345

Daytime Phone #