2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # 766739 1. Entity Name CHARLOTTE HARBOR ROTARY FOUNDATION, INC.					٥٤	FILET	Ď		
CHARLO1	TTE HARBOR ROTARY FOUN	NDATION, INC.		15	•	JUN-9 P			
Principal Place of Business		Mailing Address			SE(CRETARY O LAHASSEE.	F STATE		
	ERN FA ESPLANDE RDA FL 33950	P.O. BOX 510391 PUNTA GORDA FL 339	951-0391			- 11 6490,000. Ha ann aran maa 1811			
2. Principal P	Place of Business CANTER of Charlotte County	3. Mailing Address							
Suite, Apt. #, etc. 1280 AARON 57		Suite, Apt. #, etc.			1st MOC	DRE C	R2E037 (10/04)	W	
City & State / AR/OTTE FI		City & State			4. FEI Number	-2274640) 	pplied For ot Applicable	
Zip 3395	2 CharloTTE	Zip	Country		5. Certificate of State		See Require	ditional	
	6. Name and Address of Current F	Registered Agent	Name	21	7. Name and Addre		stered Agent	·	
DRE	HER, DANIELLE 2 VAN CAMP ST		Street Address			R/S GOVER (P.O. Box Number is Not Acceptable)			
NORTH PORT FL 34286				<u> </u>	MIBISCU)			
			City	VNI	TA GORDA		FL Zip Co	e 50	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or r	registere	ed agent, or both, in th	e State of Florida	a. I am familiar with	, and accept	
SIGNATURE	Stgrative, typed or printed narrow regulared agent a	CHRIS	Goven	te required	when repretation)	MARC	24 29, 2	005	
	<i>d</i>				1	 			
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Car Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		Check Payable Department of		
10.	Due By May 1, 2005 OFFICERS AND DIR	Trust Fund C	Contribution.	A	Added to Fees	Florida	Department of	State	
10.	Due By May 1, 2005	Trust Fund C	Contribution.		Added to Fees DDITIONS/CHANGES ARE VIAN RESERVED	Florida TO OFFICERS	Department of	State	
10. TITLE NAME STREET ADDRESS	Due By May 1, 2005 OFFICERS AND DIR P TREA SULK DREHER, DANIELLE 6272 VAN CAMP ST	Trust Fund C	11. TITLE NAME STREET ADDRESS	Ch	Added to Fees ADDITIONS/CHANGES AIRIVITAN ISIS GOVEN 9 HIBISUS I	Florida TO OFFICERS	Department of AND DIRECTORS II Change	State	
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SIGNATURE Maurice Destroy MAURICE DESTORCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date