
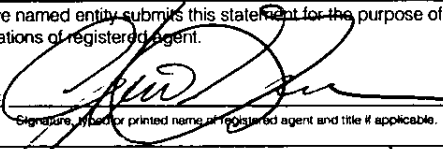
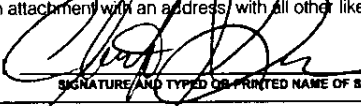


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90003 043 \*\*\*\*61.25

<b>DOCUMENT # 766739</b> 1. Entity Name <b>CHARLOTTE HARBOR ROTARY FOUNDATION, INC.</b>					
Principal Place of Business <b>CULTURAL CENTER OF CHARLOTTE COUNTY 2280 AARON ST. PORT CHARLOTTE, FL 33952 US</b>			Mailing Address <b>P.O. BOX 510391 PUNTA GORDA, FL 33951-0391</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2274640</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOVER, CHRIS 109 HIBISCUS DR. PUNTA GORDA, FL 33950</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> 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  <b>Christopher J Gover</b> <b>7/11/06</b> <small>Signature, if not for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DREHER, DANIELLE</b>		NAME	<b>Jim Hageman</b>	
STREET ADDRESS	<b>6272 VAN CAMP ST</b>		STREET ADDRESS	<b>3300 Loveland Blvd Unit 3103</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL 34286</b>		CITY-ST-ZIP	<b>Port Charlotte, FL 33980</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REHLING, CARL</b>		NAME	<b>Steve Voilmer</b>	
STREET ADDRESS	<b>5750 ALAMAR DRIVE</b>		STREET ADDRESS	<b>7423 FREE TREE ST.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>		CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOVER, CHRIS</b>		NAME		
STREET ADDRESS	<b>109 HIBISCUS DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DESFORGE, MOE</b>		NAME		
STREET ADDRESS	<b>4222 ALMAR DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLGAN, MIKE</b>		NAME		
STREET ADDRESS	<b>520 PALMETTO DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SALLADE, WAYNE</b>		NAME		
STREET ADDRESS	<b>66 BOUNDARY BLVD. UNIT 270</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ROTONDA WEST, FL 33947</b>		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  <b>CHRISTOPHER J Gover</b> <b>7/11/06</b> <b>941-625-4175</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					