

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # 766739

1. Entity Name
CHARLOTTE HARBOR ROTARY FOUNDATION, INC.

Principal Place of Business
**CULTURAL CENTER OF CHARLOTTE COUNTY
2280 AARON ST.
PORT CHARLOTTE, FL 33952 US**

Mailing Address
**P.O. BOX 510391
PUNTA GORDA, FL 33951-0391**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2274640

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOVER, CHRIS
109 HIBISCUS DR.
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HAGEMAN, JIM**
STREET ADDRESS **3300 CLEVELAND BLVD UNIT 3103**
CITY-STATE-ZIP **PORT CHARLOTTE, FL 33980**

TITLE **D**
NAME **REHLING, CARL**
STREET ADDRESS **5750 ALAMAR DRIVE**
CITY-STATE-ZIP **PUNTA GORDA, FL 33950**

TITLE **C**
NAME **GOVER, CHRIS**
STREET ADDRESS **109 HIBISCUS DR**
CITY-STATE-ZIP **PUNTA GORDA, FL 33950**

TITLE **D**
NAME **VOLLMER, STEVE**
STREET ADDRESS **7423 FREE TREET ST**
CITY-STATE-ZIP **PUNTA GORDA, FL 33955**

TITLE **T**
NAME **COLGAN, MIKE**
STREET ADDRESS **520 PALMETTO DR.**
CITY-STATE-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D**
NAME **SALLADE, WAYNE**
STREET ADDRESS **66 BOUNDARY BLVD. UNIT 270**
CITY-STATE-ZIP **ROTONDA WEST, FL 33947**

UN00000585550
01/16/07-80016-025 70.00

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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: Michael J. Colgan **Michael J. Colgan** **Tres. 1-12-07** **239-872-1171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #