


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

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90117 022 ****61.25

DOCUMENT # 766740	
1. Entity Name CHARLOTTE HARBOR ROTARY CLUB, INC.	

Principal Place of Business BEST WESTERN PUNTA GORDON FL US	Mailing Address P.O. BOX 510391 PUNTA GORDA FL 33951-0391 US
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2. Principal Place of Business CULTURAL CENTER Charlotte County Suite, Apt. #, etc. 2280 AARON ST. City & State PORT CHARLOTTE FL Zip 33952	3. Mailing Address Suite, Apt. #, etc. City & State Country Charlotte
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2013141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DREHER, DANIELLE 6272 VAN CAMP STREET NORTH PORT FL 34286

7. Name and Address of New Registered Agent Name MAURICE DESFORGE Street Address (P.O. Box Number is Not Acceptable) 4222 ALMAR DR City PUNTA GORDA FL Zip Code 33950

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 *Maurice Desforge* MAURICE DESFORGE 3-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DREHER, DANIELLE 6272 VAN CAMP ST NORTH PORT FL 34286 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHLING, CARL 5750 ALMAR DRIVE PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDUFFIE, BOB P.O. BOX 27174 EL JOBEAN FL 33927 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT DESFORGE, MOE 4222 ALMAR DRIVE PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, STEPHEN 21229-A OLEAN BLVD PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLENENIN, ROBERT 519 MATARES DRIVE PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STEVE VOLLMER 5423 FICUS TREE ST PUNTA GORDA FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. KEVIN SMITH 16141 FOREST GLEN COURT PUNTA GORDA FL 33982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Maurice Desforge* MAURICE DESFORGE 3-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #