
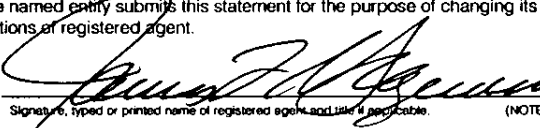
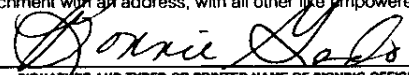


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-31-2006 90003 044 ****61.25

DOCUMENT # 766740 1. Entity Name CHARLOTTE HARBOR ROTARY CLUB, INC.					
Principal Place of Business CULTURAL CENTER CHARLOTTE COUNTY 2280 AARON ST PORT CHARLOTTE, FL 33952 US			Mailing Address P.O. BOX 510391 PUNTA GORDA, FL 33951-0391 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DESFORGE, MAURICE 4222 ALMAR DR PUNTA GORDA, FL 33950				Name Jim Hageman Street Address (P.O. Box Number is Not Acceptable) 3300 Loveland Blvd Unit 3103 City Port Charlotte FL Zip Code 33980	
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  Jim Hageman 7/11/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TRES VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLLMER, STEVE		NAME		
STREET ADDRESS	7423 FREE TREE ST		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	VP D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHLING, CARL		NAME		
STREET ADDRESS	5750 ALMAR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDUFFIE, BOB		NAME	BONNIE Gado	
STREET ADDRESS	P.O. BOX 27174		STREET ADDRESS	PO Box 510847	
CITY-ST-ZIP	EL JOBEAN, FL 33927		CITY-ST-ZIP	PUNTA GORDA, FL 33951	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESFORGE, MOE		NAME	MIKE Colgan	
STREET ADDRESS	4222 ALMAR DRIVE		STREET ADDRESS	520 Palmetto Dr.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, STEPHEN		NAME		
STREET ADDRESS	21229-A OLEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  7/11/06 941-575-1087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					