

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

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

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**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2013141

Applied For
Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAGEMAN, JIM
3300 LOVELAND BLVD
UNIT 3103
PORT CHARLOTTE, FL 33980**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	VP
NAME	VOLLMER, STEVE
STREET ADDRESS	7423 FREE TREE ST
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	D
NAME	REHLING, CARL
STREET ADDRESS	5750 ALMAR DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	S
NAME	GADO, BONNIE
STREET ADDRESS	PO BOX 510847
CITY-ST-ZIP	PUNTA GORDA, FL 33951
TITLE	T
NAME	COLGAN, MIKE
STREET ADDRESS	520 PALMETTO DR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	CARTER, STEPHEN
STREET ADDRESS	21229-A OLEAN BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000585549
01/16/07-80016-024 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael J Colgan **Treas.** 1/12/07 839-872-1171