

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90256 024 \*\*\*\*61.25

**DOCUMENT # 767590**

1. Entity Name  
**ROTARY CLUB OF ORANGE PARK, FLORIDA, INC.**



Principal Place of Business  
**P O BOX 445  
ORANGE PARK, FL 32067-7445**

Mailing Address  
**P O BOX 445  
ORANGE PARK, FL 32067-7445**

**60035777**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**23-7140673**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRINGTON, TERESA CPA  
1405 KINGSLEY AVE  
ORANGE PARK, FL 32073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE HARRINGTON, TERESA 358 STILES AVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSON, GARLAND PO BOX 460 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP KAELIN, JIM D 1715 VILLAGE WAY ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, GERALD S. 605 WELLS RD ORANGE PARK, FL 320672099	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUDSON, WILLIAM 2668 FOXWOOD ROAD SOUTH ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARALDO, DAVE 3828 WATERSIDE DR. ORANGE PARK, FL 32065	<input type="checkbox"/> Delete

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
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 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 #

# ATTACHMENT

CERTIFIED MAIL LIST: 7006 0100 0000 7002 5967

60035777  
# 767590

5/1/2006

Sent to: DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE FL 32302-1500

Form: UBR

Name:	SS# or EIN#
ROTARY CLUB OF ORANGE PARK, FL, INC.	23-7140673
ROTARY OF OP CHARITABLE FOUNDATION, INC.	59-3303368
CARTER INVESTMENT CO.	59-0836438
ORANGE PARK MEDICAL PLAZA II CONDO.	59-2916991
ALLVARIETY MINI STORAGE, INC.	59-2914132
JAY CARTER PROPERTIES, INC.	59-2422418
J. CARTER ENTERPRISE, LTD	59-3651257
J. CARTER ENTERPRISES, INC	59-3651254
LAPORTE CONCRETE, INC.	59-3647785

PLEASE SIGN THIS COPY BELOW ACKNOWLEDGING RECEIPT OF THE  
ABOVE LISTED RETURNS AND MAIL BACK IN THE ENCLOSED ENVELOPE.

NAME \_\_\_\_\_

DATE \_\_\_\_\_