2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 769014 1. Entity Name 02-20-2006 90045 038 ****61.25 THE ROTARY CLUB OF TAMPA FOUNDATION, INC. Principal Place of Business Mailing Address 806 E. JACKSON ST. TAMPA FL 33602 PO BOX 172056 TAMPA FL 33672 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2445906 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, LINDA Street Address (P.O. Box Number is Not Acceptable) 806 E. JACKSON ST. TAMPA FL 33602 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 Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE D GILLEN, JR, WILLIAM A TURNER, J. ARTHUR III NAME NAME 220 BLANCA AVE STREET ADDRESS STREET ADDRESS 371 CHANNELSIDE WALK WAY #1504 TAMPA FL 33606 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change. Addition TOMLIN, HOLLY. NAME NAME STREET ADDRESS 18008 CLEAR LAKE DR. STREET ADDRESS LUTZ FL 33549 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ___ Addition-____Delete OELLERICH, DAVID E STREET ADDRESS 448 LUCERNE STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME MURRAY, STEPHEN W NAME 5004 ADDISON CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZiP Delete ☐ Change ☐ Addition DEPURY, CHARLES B NAME NAME 1007 S. STERLING AVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KINDA OKOMBA

2/7/06 813 223 3394

FILED

Feb 20, 2006 8:00 am