


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 022 ***150.00

DOCUMENT # F04000000168 1. Entity Name ROTARY CORPORATION					
Principal Place of Business HIGHWAY 23 NORTH GLENNVILLE, GA 30427			Mailing Address HIGHWAY 23 NORTH GLENNVILLE, GA 30427		
2. Principal Place of Business - No P.O. Box # 801 West Barnard St.		3. Mailing Address P.O. Box 747			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 58-0959394	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYDBERG, THOMAS H ESQ 400 NORTH TAMPA STREET, SUITE 1050 TAMPA, FL 33602-4707				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC NELSON, ED P.O. BOX 747 GLENNVILLE, GA 30427		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MARTIN, TARA P.O. BOX 747 GLENNVILLE, GA 30427		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEILMAN, TRACI P.O. BOX 747 GLENNVILLE, GA 30427		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, DONALD P.O. BOX 617 REIDSVILLE, GA 30453		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DON P.O. BOX 747 GLENNVILLE, GA 30427		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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 607, 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: <u><i>[Signature]</i></u> 3/15/2007 654-3433 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

40036803



03062007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

Name

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

City

FL

Zip Code

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTC	<input type="checkbox"/> Delete
NAME	NELSON, ED	
STREET ADDRESS	P.O. BOX 747	
CITY-ST-ZIP	GLENNVILLE, GA 30427	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MARTIN, TARA	
STREET ADDRESS	P.O. BOX 747	
CITY-ST-ZIP	GLENNVILLE, GA 30427	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEILMAN, TRACI	
STREET ADDRESS	P.O. BOX 747	
CITY-ST-ZIP	GLENNVILLE, GA 30427	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, DONALD	
STREET ADDRESS	P.O. BOX 617	
CITY-ST-ZIP	REIDSVILLE, GA 30453	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, DON	
STREET ADDRESS	P.O. BOX 747	
CITY-ST-ZIP	GLENNVILLE, GA 30427	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		