

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90012 020 ****61.25

DOCUMENT # F95000004676

1. Entity Name
**THE GEORGE AND DOLORES ROLLAR FOUNDATION,
INC.**



Principal Place of Business
**100 PARK AVE
CLEARWATER, FL 33764 US**

Mailing Address
**PO BOX 17297
CLEARWATER, FL 33762 US**

50062971



08162005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3309790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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 September 7, 2005**

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

TITLE PD ☐ Delete
NAME ROLLAR, GEORGE
STREET ADDRESS PO BOX 17297
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE VD ☐ Delete
NAME ROLLAR, DOLORES
STREET ADDRESS PO BOX 17297
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE STD ☐ Delete
NAME ROLLAR, RICHARD
STREET ADDRESS ROUTE 21 BOX 1415
CITY-ST-ZIP OLD FORT, NC 28762

TITLE D ☐ Delete
NAME ALBERGA, MICHAEL
STREET ADDRESS PO BOX 472 CT
CITY-ST-ZIP GRAND CAYMAN, BW1

TITLE D ☐ Delete
NAME ROLLAR, KATHLEEN
STREET ADDRESS 84 ROUTE 81
CITY-ST-ZIP CLINTON, CT 06413

TITLE D ☐ Delete
NAME MOLER, ROBERT B
STREET ADDRESS 1014 41 AVE NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

8-17-05

Date

Daytime Phone #