

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90090 032 ****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		
2. Principal Place of Business 115 Heron Rd		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		04062008 Chg-NP CR2E037 (11/05)
4. FEI Number 59-3309790			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROLLAR, GEORGE <input type="checkbox"/> Delete PO BOX 17297 CLEARWATER, FL 33762				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROLLAR, DOLORES <input type="checkbox"/> Delete PO BOX 17297 CLEARWATER, FL 33762				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROLLAR, RICHARD <input type="checkbox"/> Delete ROUTE 21 BOX 1415 OLD FORT, NC 28762				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBERGA, MICHAEL <input type="checkbox"/> Delete PO BOX 472 CT GRAND CAYMAN, BW1				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLLAR, KATHLEEN <input type="checkbox"/> Delete 84 ROUTE 81 CLINTON, CT 06413				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLER, ROBERT B <input type="checkbox"/> Delete 1014 41 AVE NE SAINT PETERSBURG, FL 33703				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD ROLLAR, RICHARD P.O. BOX 1415 950 MAIN ST. CHIMNEY ROCK NC 28720					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D ROLLAR, KATHLEEN 8 FLAGLER AVE OLD LYME 06371 CT					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D MOLER, ROBERT B 822 MONTEREY BLVD ST PETERSBURG 33704 NE					
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: <u>Dolores Rollar</u> 4-11-06 345-945-3505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					