

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F95000004676**

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



Principal Place of Business  
**115 HERON RD  
CLEARWATER, FL 33764 US**

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



02282007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000660969  
03/20/07-80022-005 150.00

**10. OFFICERS AND DIRECTORS**

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

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

TITLE STD  
NAME ROLLAR, RICHARD  
STREET ADDRESS POB 68, 950 MAIN ST  
CITY-ST-ZIP CHIMNEY ROCK, NC 28720

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

TITLE D  
NAME ROLLAR, KATHLEEN  
STREET ADDRESS 8 FLAGLER AVE  
CITY-ST-ZIP OLD LYME, CT 06371

TITLE D  
NAME MOLER, ROBERT B  
STREET ADDRESS 822 MONTEREY BLVD  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Dolores Rollar (Dolores Rollar)*

03-01-07

345-945-3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #