

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**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**



01242008 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**

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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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

U00000799708  
01/30/08-80078-019 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 24 2008**

Date

Daytime Phone #