


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90001 020 ****61.25

DOCUMENT # N00000002385	
1. Entity Name HOBE SOUND/PORT SALERNO ROTARY CLUB CHARITY FUND INC.	

Principal Place of Business 8537 S.E. COCONUT STREET HOBE SOUND, FL 33455	Mailing Address 8537 S.E. COCONUT STREET HOBE SOUND, FL 33455
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54059281



2. Principal Place of Business 2608 SE WILLOUGHBY BLVD.	3. Mailing Address 2608 SE WILLOUGHBY BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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06272004 Chg-NP CR2E037 (10/03)

City & State STUART, FL	City & State STUART, FL
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4. FEI Number 36-3245072 65-1020408	Applied For <input type="checkbox"/> Not Applicable
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Zip 34994	Country USA	Zip 34994	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHIPPEN, WILLARD H 8537 S.E. COCONUT STREET HOBE SOUND, FL 33455	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	6012 WALKERS CAY COURT
City	STUART
State	FL
Zip Code	34997

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 _____

Filing Fee is \$61.25 Due by September 8, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SMEDS, ROGER 4455 TRIBOUT LANE STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WHIPPEN, WILLARD H 8537 SE COCONUT ST. HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6012 WALKERS CAY COURT STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAWKINS, MILICK 1603 SW LOCKS RD STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MOODY, FLQ 4189 KUBIN STREET STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GILLIS, GENE 8343 SE ANGELINA COURT HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCOTT DON 6444 GAINES AVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eugene S. Gillis **EUGENE S. GILLIS** 6/28/04 772-545-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #