



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90047 028 \*\*\*\*61.25

<b>DOCUMENT # N00000002385</b>					
<b>1. Entity Name</b> HOBE SOUND/PORT SALERNO ROTARY CLUB CHARITY FUND INC.					
<b>Principal Place of Business</b> 2608 SE WILLOUGHBY BLVD STUART, FL 34994			<b>Mailing Address</b> 2608 SE WILLOUGHBY BLVD STUART, FL 34994		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
<b>4. FEI Number</b> 65-1020408				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WHIPPEN, WILLARD H 6012 WALKERS CAY COURT STUART, FL 34997			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> WHIPPEN, WILLARD H <b>STREET ADDRESS</b> 6012 WALKERS CAY COURT <b>CITY-ST-ZIP</b> STUART, FL 34997	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> MOODY, FLO <b>STREET ADDRESS</b> 4189 KUBIN STREET <b>CITY-ST-ZIP</b> STUART, FL 34997	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> GILLIS, GENE <b>STREET ADDRESS</b> 8343 SE ANGELINA COURT <b>CITY-ST-ZIP</b> HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SCOTT, DON <b>STREET ADDRESS</b> 6444 GAINES AVE <b>CITY-ST-ZIP</b> STUART, FL 34997	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> GILLMAN, JEFFRY <b>STREET ADDRESS</b> 2608 SE WILLOUGHBY BLVD <b>CITY-ST-ZIP</b> STUART, FL 34994	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> SHAPIRO, ROBERT <b>STREET ADDRESS</b> 1902 SETALBOT PLACE <b>CITY-ST-ZIP</b> STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jeffrey Gillman</i> <b>JEFFRY GILLMAN, TREAS.</b> <i>1/30/06</i> <b>1/30/06</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					