# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 06, 2007**
**Secretary of State**

DOCUMENT# N00000005937

**Entity Name:** THE SEVEN SPRINGS ROTARY FOUNDATION, INC.

**Current Principal Place of Business:**

P O BOX 128
NEW PORT RICHEY, FL

**New Principal Place of Business:**

10816 U S HIGHWAY 19
SUITE 110
PORT RICHEY, FL 34668 US

**Current Mailing Address:**

P O BOX 128
NEW PORT RICHEY, FL

**New Mailing Address:**

**FEI Number: 59-3680452** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

LOVE, RANDALL J
10816 U.S. HIGHWAY 19 N
110
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: GRAVES, ROGER
Address: P O BOX 128
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: VPD ( ) Delete
Name: JACKSON, CONNIE
Address: P O BOX 128
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: TD ( ) Delete
Name: SOBEL, CHARLES L
Address: P O BOX 128
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: D ( ) Delete
Name: MEMOLI, BOB
Address: P O BOX 128
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: DS ( ) Delete
Name: KOCHER, ROBIN
Address: P O BOX 128
City-St-Zip: NEW PORT RICHEY, FL 34656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SOBEL T 07/06/2007
Electronic Signature of Signing Officer or Director — Date