

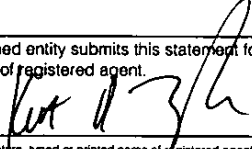



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90115 019 ****61.25

DOCUMENT # N00000006022					
1. Entity Name ROTARY CLUB OF CRYSTAL RIVER FOUNDATION, INC.					
Principal Place of Business 1339 N. CARNEVALE TER. LECANTO, FL 34461			Mailing Address 1339 N. CARNEVALE TER. LECANTO, FL 34461		
2. Principal Place of Business 154 SE 7th Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 1207 Suite, Apt. #, etc.			
City & State Crystal River, FL		City & State Crystal River, FL		4. FEI Number 65-1051150	
Zip 34429		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, HUGH CPA 1339 N CARNEVALE TER LECANTO, FL 34461			7. Name and Address of New Registered Agent Name: Keith R. Taylor Street Address (P.O. Box Number is Not Acceptable): 1143 N Lyle Ave City: Crystal River FL Zip Code: 34429		
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:  DATE: 3/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SAWYER, NEIL STREET ADDRESS PO BOX 1869 CITY-ST-ZIP CRYSTAL RIVER, FL 34423	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME PHILLIPS, HUGH STREET ADDRESS 1339 N. CARNEVALE TERR. CITY-ST-ZIP LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete		TITLE ST NAME J Paul Cash STREET ADDRESS PO Box 426 CITY-ST-ZIP Crystal River, FL 34423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MARTIN, STEVE STREET ADDRESS 1125 N CRESCENT DRIVE CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete		TITLE D NAME Mark Pickett STREET ADDRESS 511 SW 1st Ave. CITY-ST-ZIP Crystal River, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME COSTLEY, BYRON STREET ADDRESS 104 SE 7TH AVENUE CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete		TITLE D NAME Cliff Pierson STREET ADDRESS 3780 W Black Diamond Circle CITY-ST-ZIP Lecanto, FL 34461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME NAYFIELD, KC STREET ADDRESS 161 SW 3RD ST. CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			J. Paul Cash 3/21/06 (352)755-3212 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		