

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006974

FILED
Jan 05, 2005
Secretary of State

Entity Name: ROTARY FOUNDATION FRYERS OF GAINESVILLE, INC.

Current Principal Place of Business:

211 NE 1ST ST
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

211 NE 1ST ST
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3677287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASWELL, JOHN H
211 NE 1ST ST
GAINESVILLE, FL 32601 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: CEO () Delete
Name: CREVASSE, JOSEPH M III
Address: 20914 SW 46TH AVE
City-St-Zip: NEWBERRY, FL 32669

Title: PD () Delete
Name: PINKOSON, C LEE
Address: 2820 NW 38TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: EUBANK, F WESLEY
Address: 9330 NW 13TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VTD () Delete
Name: GOODMAN, E F JR
Address: P O BOX 147050
City-St-Zip: GAINESVILLE, FL 326147050

Title: VD () Delete
Name: CATON, RANDALL B R
Address: 5826 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 326147050

Title: SD () Delete
Name: BROWER, ROGER J
Address: 1002 SW 78TH TERR
City-St-Zip: GAINESVILLE, FL 32607

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: F WESLEY EUBANK

VD

01/05/2005

Electronic Signature of Signing Officer or Director

Date