

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90048 044 ****61.25

DOCUMENT # N01000000964					
1. Entity Name DADE CITY ROTARY CLUB CHARITIES, INC.					
Principal Place of Business 37947 PASCO AVE DADE CITY, FL 33525			Mailing Address PO BOX 1547 DADE CITY, FL 33526		
2. Principal Place of Business 37837 MERIDIAN AVE. Suite, Apt. #, etc. SUITE 314 City & State DADE CITY, FL Zip 33525		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01052005 Chg-NP CR2E037 (10/03)		4. FEI Number 59-3709407			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWLON, JONATHAN W 37947 PASCO AVE DADE CITY, FL 33525			7. Name and Address of New Registered Agent Name R. HUTCHISON BROCK II Street Address (P.O. Box Number is Not Acceptable) 37837 MERIDIAN AVE. SUITE 314 City DADE CITY FL Zip Code 33525		
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 <i>[Signature]</i> DATE 1.12.05 <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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, LEE G <input type="checkbox"/> Delete 13351 10TH STREET DADE CITY, FL 33525		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, MILTON O <input checked="" type="checkbox"/> Delete PO BOX 1690 ZEPHYRHILLS, FL 33539		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KATHERINE BRITTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15950 21ST STREET DADE CITY, FL 33523	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEST, DAVID B <input type="checkbox"/> Delete 13303 12TH STREET DADE CITY, FL 33525		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RALPH, COMBEE <input type="checkbox"/> Delete 37535 LAYTON RD. DADE CITY, FL 33523		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RALPH COMBEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 36351 CLINTON AVE. DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, WAYNE <input type="checkbox"/> Delete 16851 ALMAR LANE DADE CITY, FL 33523		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, PETE <input type="checkbox"/> Delete 14319 ANDERSON ST. DADE CITY, FL 33523		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: <i>[Signature]</i> LEE G. BROWN, TREASURER			Date Jan 13, 2005 Daytime Phone # 352-567-2023		