


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90232 032 ****61.25

DOCUMENT # N01000004307 1. Entity Name WINTER HAVEN ROTARY FOUNDATION, INC.					
Principal Place of Business FLOYD & SAMMONS, PA 1552 SIXTH STREET SE WINTER HAVEN FL 33880-4509			Mailing Address FLOYD & SAMMONS, PA 1552 SIXTH STREET SE WINTER HAVEN FL 33880-4509		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3726297	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMMONS, ROBERT O 1552 SIXTH STREET SE WINTER HAVEN FL 33880			Name Robert O. Sammons Street Address (P.O. Box Number is Not Acceptable) 1556 Sixth Street SE City Winter Haven FL Zip Code 33880		
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 <u><i>Robert O. Sammons</i></u> Robert O. Sammons January 19, 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: 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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMMONS, ROBERT O		NAME	1556 Sixth Street SE	
STREET ADDRESS	1522 SIXTH STREET SE		STREET ADDRESS	Winter Haven FL 33880	
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORBY, MARK P		NAME		
STREET ADDRESS	PO BOX 9114		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33883		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PECK, MARYLY V		NAME		
STREET ADDRESS	1290 HOWARD TERRACE NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881-3158		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, ANDREW		NAME		
STREET ADDRESS	351 WINTER HAVEN BLVD NE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMSEN, DAVID		NAME		
STREET ADDRESS	1400 HAVENDALE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WADDELL, ALLEN		NAME		
STREET ADDRESS	251 AVE. A, SW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33883		CITY-ST-ZIP		
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 <u><i>Allen Waddell</i></u>			ALLEN WADDELL 04/24/05 (863) 299-3522 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		

13000444



1st MOORE CR2E037 (10/04)

Applied For
Not Applicable