

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 038 ****61.25

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1. Entity Name

THE ROTARY CLUB OF MURDOCK FOUNDATION, INC.



Principal Place of Business

PO BOX 380982
MURDOCK FL 33938-0982

Mailing Address

PO BOX 380982
MURDOCK FL 33938-0982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

65-1131653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, JR., JOHN L
209 FLAMINGO BLVD.
PORT CHARLOTTE FL 33954

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PP ☐ Delete
NAME ROBERTS, JOHN L
STREET ADDRESS 209 FLAMINGO BOULEVARD
CITY - ST - ZIP PORT CHARLOTTE FL 33954

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S ☒ Delete
NAME ZEHR, MARK MR.
STREET ADDRESS 24690 SANDHILL BLVD., STE.#604
CITY - ST - ZIP PORT CHARLOTTE FL 33983

TITLE ☒ Change ☐ Addition
NAME *P/el*
STREET ADDRESS *24690 Sandhill Blvd Ste #604*
CITY - ST - ZIP *Port Charlotte, FL 33983*

TITLE PRES ☒ Delete
NAME FERRO, REBEKAH
STREET ADDRESS 22119 ELMIRA BLVD.
CITY - ST - ZIP PORT CHARLOTTE FL 33952

TITLE ☒ Change ☐ Addition
NAME *Pres P*
STREET ADDRESS *Russell Edmund.*
CITY - ST - ZIP *5758 Wilton Court*
North Port, FL 34287

TITLE T ☒ Delete
NAME STRUK, ANDREW J
STREET ADDRESS 414 CAICOS DR.
CITY - ST - ZIP PUNTA GORDA FL 33950

TITLE ☒ Change ☐ Addition
NAME *T*
STREET ADDRESS *Duncan, Connie*
CITY - ST - ZIP *292 McCabe St*
Port Charlotte, FL 33953

TITLE D ☐ Delete
NAME GAUTHIER, RIC
STREET ADDRESS 20340 ZELDA
CITY - ST - ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE P/EL ☒ Delete
NAME RUSSELL, RDMUND MRR.
STREET ADDRESS 5158 WILTON COURT
CITY - ST - ZIP NORTH PORT FL 34287

TITLE ☒ Change ☐ Addition
NAME *Sec*
STREET ADDRESS *Holbach, Alan*
CITY - ST - ZIP *1041 Fleetwood Dr*
Port Charlotte, FL 33948

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Connie J Duncan

03/19/07 941 2550815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #