

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90016 031 ****61.25

DOCUMENT # N03000005260

1. Entity Name
THE ROTARY CLUB OF SAFETY HARBOR, INC.



Principal Place of Business
**935 MAIN STREET
SUITE A3
SAFETY HARBOR, FL 34695**

Mailing Address
**935 MAIN STREET
SUITE A3
SAFETY HARBOR, FL 34695**

50007570



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03012006 Chg-NP CR2E037 (11/05)

4. FEI Number
36-4089888

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

**MINEO, WAYNE C
935 MAIN STREET
A3
SAFETY HARBOR, FL 34695**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NETTESTAD, DONNA
33 FRIENDSHIP CT
SAFETY HARBOR, FL 34695** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Jim Russell
540 7th St. S.
Safety Harbor, FL 34695** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
BURKS, LYNN
30 CRANE DRIVE
SAFETY HARBOR, FL 34695** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Lynn Burks
Woodcrest Ave
Safety Harbor, FL 34695** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
GAYNOR, SHEILA
1208 WOODCREST AVE
SAFETY HARBOR, FL 34695** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Sheila A. Gaynor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-06

Date

Daytime Phone #