

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90238 039 ****61.25

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1. Entity Name
THE ROTARY CLUB OF BELLEVIEW FLORIDA, INC.



Principal Place of Business
P.O. BOX 1717
BELLEVIEW, FL 34421

Mailing Address
P.O. BOX 1717
BELLEVIEW, FL 34421

40030000



02162006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
57-1184075

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KING, GREG
310 SOUTHEAST EIGHT STREET
OCALA, FL 34471-3762

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 D ☒ Delete
NAME ROBINSON, DON
STREET ADDRESS 9701 EAST HWY 25 LOT 18
CITY-ST-ZIP BELLEVIEW, FL 34420

TITLE D ☐ Change ☒ Addition
NAME GAUDET, ANDRUS
STREET ADDRESS 4709 SE 102 PL SUITE 3
CITY-ST-ZIP BELLEVIEW FL 34420

TITLE VD ☐ Delete
NAME SANBORN, LEE
STREET ADDRESS 1628 S.E. 29TH TERRACE
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS SORSENSEN GARY
CITY-ST-ZIP 12644 SE 53 CT BELLEVIEW FL 34420

TITLE SD ☐ Delete
NAME RIDDLE, ROSEMARIE
STREET ADDRESS 8900 S. MAGNOLIA AVENUE
CITY-ST-ZIP Ocala, FL 34476

TITLE SEC ☐ Change ☒ Addition
NAME MCGREEVY, NANCY
STREET ADDRESS 4560 SE 187 PL
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE TD ☒ Delete
NAME HOFMANN, PAUL
STREET ADDRESS 1210 BETHUNE WAY
CITY-ST-ZIP THE VILLAGE, FL 32162

TITLE TREAS ☐ Change ☒ Addition
NAME HATCH, KAREN
STREET ADDRESS 2001 SW 87 PL
CITY-ST-ZIP Ocala FL 34476

TITLE D ☐ Delete
NAME HIXON, FRANCINE
STREET ADDRESS 10916 SOUTHEAST 51 COURT
CITY-ST-ZIP BELLEVIEW, FL 34420

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS HIXON, FRANCINE
CITY-ST-ZIP 10916 SE 51 CT BELLEVIEW FL 34420

TITLE CD ☐ Delete
NAME KING, GREG
STREET ADDRESS 310 SOUTHEAST 8TH STREET
CITY-ST-ZIP Ocala, FL 34471

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

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:

Andrus Gaudet 3/24/06 352 245 2708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANDRUS GAUDET