

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

FILED

2005 OCT 26 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (5/05)

DOCUMENT # N03000007455
1. Entity Name
ROTARY CLUB OF OCALA-SOUTHWEST FOUNDATION, INC.



Principal Place of Business: 9116 SW 91ST CIRCLE, OCALA FL 34481
Mailing Address: 9116 SW 91ST CIRCLE, OCALA FL 34481

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: P.O. Box 771805, Suite, Apt. #, etc.

City & State: Ocala FL

Zip: 34477, Country: USA

4. FEI Number: 34-1977434
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LYNN, ROBERT J
9116 SW 91ST CIRCLE
OCALA FL 34481

7. Name and Address of New Registered Agent
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By September 7, 2005**

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	
TITLE: BROWN, DELORIS NAME: 7541 W TOLLE AVENUE STREET ADDRESS: DUNNELLON FL 34433 CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Delete
TITLE: UHLINGER, VERN NAME: 5448 SW 88TH PLACE STREET ADDRESS: OCALA FL 34476 CITY-ST-ZIP: P	<input checked="" type="checkbox"/> Delete
TITLE: LYNN, ROBERT J NAME: 9116 SW 91ST CIRCLE STREET ADDRESS: OCALA FL 34481 CITY-ST-ZIP: V	<input checked="" type="checkbox"/> Delete
TITLE: NORMAN, GARY NAME: 9116 SW 91ST CIRCLE STREET ADDRESS: OCALA FL 34481 CITY-ST-ZIP: T	<input type="checkbox"/> Delete
TITLE: SOUTHALL, APRIL NAME: 9116 SW 91ST CIRCLE STREET ADDRESS: OCALA FL 34481 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Patricia Gabriel NAME: 9555 SW 72nd Court STREET ADDRESS: Ocala FL 34476 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Gordon Nelson NAME: 8486 SW 62nd Court STREET ADDRESS: Ocala, FL 34476 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Mary Getsee NAME: 107 NE 1st Avenue STREET ADDRESS: Ocala, FL 34470 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

10/26/05