

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		3. Mailing Address P.O. Box 771805	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ocala FL	
Zip	Country	Zip	Country
34477	USA	34477	USA

4. FEI Number 34-1977434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 7, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, DELORIS 7541 W TOLLE AVENUE DUNNELLON FL 34433 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Gabriel 9555 SW 72nd Court Ocala FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UHLINGER, VERN 5448 SW 88TH PLACE OCALA FL 34476 P <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gordon Nelson 8486 SW 62nd Court Ocala, FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNN, ROBERT J 9116 SW 91ST CIRCLE OCALA FL 34481 V <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Getsee 107 NE 1st Avenue Ocala, FL 34470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMAN, GARY 9116 SW 91ST CIRCLE OCALA FL 34481 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060949179 10/26/05--01029--006 **70.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOUTHALL, APRIL 9116 SW 91ST CIRCLE OCALA FL 34481 <input checked="" type="checkbox"/> Delete	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"/> Delete	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 _____