

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90466 005 \*\*\*\*61.25

**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  
PO BOX 771805  
OCALA, FL 34477

60032396



2. Principal Place of Business  
4600 SW 46th Ave  
Suite, Apt. #, etc.  
Suite 240  
City & State  
Ocala FL  
Zip  
34474 Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

04242006 Chg-NP CR2E037 (11/05)

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  
Vernon C. Uhlinger  
Street Address (P.O. Box Number is Not Acceptable)  
5448 SW 88th PL  
City  
OCALA FL Zip Code  
34476

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 Vernon C. Uhlinger DATE 04/25/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 GABRIEL, PATRICIA 9555 SW 72ND COURT OCALA, FL 34481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vernon C. Uhlinger 5448 SW 88th PL OCALA, FL 3447 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, GORDON 8486 SW 62ND COURT OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gary Norman 6144 SW Hwy 200 OCALA, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GETSEE, MARY 107 NE 1ST AVENUE OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cherise Walters 7745 SW 100th ST OCALA FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORMAN, GARY 9116 SW 91ST CIRCLE OCALA, FL 34481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESIDENT ELECT 2007-08 FRANCIS "PETE" VAN HEE 11209 S.W. 63RD TERRACE RD. OCALA, FL 34476-4848 <input checked="" 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
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 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: Cherise Walters DATE 04/25/06 DAYTIME PHONE # 352-854-7062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR