


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90238 040 \*\*\*\*61.25

<b>DOCUMENT # N03000008582</b> 1. Entity Name <b>THE BELLEVIEW ROTARY FOUNDATION, INC.</b>					
Principal Place of Business <b>PO BOX 1717 OCALA, FL 34471-3762</b>			Mailing Address <b>P O BOX 1717 BELLEVIEW, FL 34421</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>51-0483987</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KING, GREG ESQ 310 SE 8TH ST OCALA, FL 34471-3762</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	<b>CD ABSHIER, EMERY A PO BOX 163 BELLEVIEW, FL 34421</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KING, GREG 310 SE 8TH STREET OCALA, FL 34471</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANDBORN, LEE 1628 SE 29TH TERRACE OCALA, FL 34471</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HOFFMAN, PAUL Q 1210 BETHUNE WAY LADY LAKE, FL 32162</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RIDDLE, ROSEMARIE 8900 S. MAGNOLIA AVENUE OCALA, FL 34476</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERKINS, CARTER 2308 SE 12TH CIRCLE OCALA, FL 34480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAUDET, ANDRUS 4709 SE 102 PL Suite 3 BELLEVIEW FL 34420</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HATCH, KAREN 2001 SW 87 PL OCALA FL 34476</b>				
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: _____ <b>ANDRUS GAUDET</b> <b>3/24/06</b> <b>352-245-2705</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					