
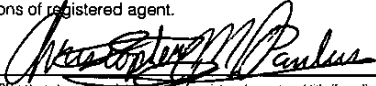
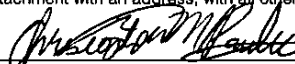


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 001 ****61.25

DOCUMENT # N04000000640					
1. Entity Name ROWING CLUB AT THE UNIVERSITY OF SOUTH FLORIDA, INC.					
Principal Place of Business 4202 E FOWLER AVE USF 30241 TAMPA, FL 33620-8001			Mailing Address 4202 E FOWLER AVE USF 30241 TAMPA, FL 33620-8001		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		04222005 Chg-NP CR2E037 (10/03)	
4. FEI Number 20-0441477				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAULUS, CHRISTOPHER M 15501 BRUCE B. DOWNS BLVD APT 2010 TAMPA, FL 33647			Name Christopher M. Paulus Street Address (P.O. Box Number is Not Acceptable) 510 Courtney Dr. City Tampa FL Zip Code 33617		
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 		Christopher M. Paulus		4/25/2005	
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, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME PAULUS, CHRISTOPHER M		TITLE P	NAME Christopher M. Paulus	
STREET ADDRESS 15501 BRUCE B DOWNS BLVD APT 2010	CITY-ST-ZIP TAMPA, FL 33647		STREET ADDRESS 510 Courtney Dr	CITY-ST-ZIP Tampa, FL 33617	
TITLE V	NAME INGRAM, MARK J		TITLE V	NAME Michael J. Smith	
STREET ADDRESS 4003 WYOMING AVE	CITY-ST-ZIP TAMPA, FL 33616		STREET ADDRESS 4203 N. Central Ave	CITY-ST-ZIP Tampa, FL 33603	
TITLE T	NAME BRECLIN, JACQUELINE		TITLE 	NAME 	
STREET ADDRESS 670 NE 57TH STREET	CITY-ST-ZIP FT. LAUDERDALE, FL 33334		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME BACHMAN, SAMANTHA B		TITLE S	NAME Kristy J Lagemann	
STREET ADDRESS 2118 SW 12 AVE	CITY-ST-ZIP CAPE CORAL, FL 33991		STREET ADDRESS 14802 N Florida Ave; Apt J156	CITY-ST-ZIP Tampa, FL 33613	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: 		Christopher M. Paulus		4/25/2005 (813) 974-5578	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	