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

FILED
May 18, 2005 8:00 am
Secretary of State
04-12-2005 90150 038 ****61.25

DOCUMENT # N04000005548

1. Entity Name
THE ROTARY CLUB OF KEYSTONE SUNRISE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 3703 HOLIDAY FL 34690	P. O. BOX 3703 HOLIDAY FL 34690

66017622

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0512397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHENSON, HENRY O ESQ. 6406 CONGRESS ST. NEW PORT RICHEY FL 34653	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 [signature] HENRY O. STEPHENSON
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President NAME: Holly SLIZ STREET ADDRESS: 13448 SR 52 CITY-ST-ZIP: Hudson FL 34669	☒ Delete	TITLE: President NAME: JAN HARROUN STREET ADDRESS: 4945 South Shore Dr. CITY-ST-ZIP: New Port Richey FL 34652	☒ Change ☐ Addition
TITLE: Secretary NAME: Gail Fawcett STREET ADDRESS: 1324 Seven Springs Blvd # 340 CITY-ST-ZIP: Trinity FL 34655	☒ Delete	TITLE: SECRETARY NAME: DEBBIE CUTCLIFFE STREET ADDRESS: 9115 MARK TWAIN LANE CITY-ST-ZIP: Port Richey FL 34668	☒ Change ☐ Addition
TITLE: Treasurer NAME: Tina Shelton STREET ADDRESS: 5336 Little Road CITY-ST-ZIP: Trinity, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] HENRY O. STEPHENSON 4/4/05 (727) 815-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #