

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005548

FILED
Feb 15, 2006
Secretary of State

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

Current Principal Place of Business:

P. O. BOX 3703
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3703
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 51-0512397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, HENRY O ESQ.
6406 CONGRESS ST.
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAN, HAROUN
Address: 4945 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: CUTCLIFFE, DEBBIE
Address: 9115 MARK TWAIN LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Delete
Name: SHELTON, TINA
Address: 5336 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SLIZ, HOLLY
Address: 1320 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: VP (X) Change () Addition
Name: PIERCE, GINNY
Address: 2247 GROUND SQUIRREL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T (X) Change () Addition
Name: SHELTON, TINA
Address: 8732 LOVAS TRAIL
City-St-Zip: TRINITY, FL 34655

Title: S () Change (X) Addition
Name: WOLF, ROB
Address: 5051 CROSS POINTE DRIVE
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY SLIZ

P

02/15/2006

Electronic Signature of Signing Officer or Director

Date