

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90261 047 ****61.25

DOCUMENT # N04000006275

1. Entity Name
ROTARY CLUB OF SANFORD, FLORIDA, INC.



Principal Place of Business
205 N ELM AVE
SANFORD, FL 32771

Mailing Address
205 N ELM AVE
SANFORD, FL 32771

20001378



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-0871558

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROYSTER, WILLIAM T
205 N ELM AVE
SANFORD, FL 32771

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, 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, 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 D ☒ Delete
NAME STUBBS, CHRIS
STREET ADDRESS 1425 STONE TR
CITY-ST-ZIP ENTERPRISE, FL 32725

TITLE P D ☐ Change ☐ Addition
NAME Loader, Donna
STREET ADDRESS 2330 Nareissus Avenue
CITY-ST-ZIP Sanford, FL 32771

TITLE D ☐ Delete
NAME KIMELMAN, ROBERT
STREET ADDRESS 205 N. ELM AVE.
CITY-ST-ZIP SANFORD, FL 32771

TITLE T D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BLAIR, CRAIG
STREET ADDRESS 143 CRESCENT BLVD
CITY-ST-ZIP SANFORD, FL 32771

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ROYSTER, BILL
STREET ADDRESS 118 LARKWOOD DR
CITY-ST-ZIP SANFORD, FL 32771

TITLE VP D ☐ Change ☒ Addition
NAME Dellasala, Steve
STREET ADDRESS 420 S. Oak Avenue
CITY-ST-ZIP Sanford, FL 32771

TITLE D ☒ Delete
NAME MUNIZ, DONNA
STREET ADDRESS 2330 NARCISSUS AVE
CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☐ Change ☐ Addition
NAME Reed-Reimer, Patrick
STREET ADDRESS 3200 Lake Emma Road
CITY-ST-ZIP Lake Mary, FL 32746

TITLE D ☐ Delete
NAME SIGURDSON, DORI
STREET ADDRESS 140 N RD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Treasure

1/12/06