

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006858

FILED  
May 09, 2007  
Secretary of State

**Entity Name:** FOUR TOWNES ROTARY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1750 SOUTH VOLUSIA AVENUE  
SUITE 7  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

1440 BATON DR  
DELTONA, FL 32725

**Current Mailing Address:**

1750 SOUTH VOLUSIA AVENUE  
SUITE 7  
ORANGE CITY, FL 32763

**New Mailing Address:**

P.O. BOX 741184  
ORANGE CITY, FL 32774

**FEI Number:** 20-1451140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HARDESTY, ALONZO H III  
1750 SOUTH VOLUSIA AVENUE, SUITE 7  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

DILLON, KIMBERLY A  
1440 BATON DR  
DELTONA, FL 32724 US

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: KIMBERLY A DILLON

05/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: PEARCE, LESLIE  
Address: 2015 NORTH NEMO DRIVE  
City-St-Zip: DELTONA, FL 32763

Title: D ( ) Delete  
Name: AGUSTA, VINCE  
Address: 600 DOLPHIN CT  
City-St-Zip: DELTONA, FL

Title: SD ( ) Delete  
Name: SUTO-HENRY, DEBRA  
Address: 101 LOUISE AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D ( ) Delete  
Name: HARDESTY, ALONZO H III  
Address: 1235 EAST FOWLER DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: NORTHEY, PATRICIA  
Address: 2310 CARSON LANE  
City-St-Zip: DELTONA, FL 32725

Title: T ( ) Delete  
Name: DILLON, KIMBERLY  
Address: 1440 BATTON DRIVE  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIMBERLY DILLON

T

05/09/2007

Electronic Signature of Signing Officer or Director

Date