2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # N0400008094 1. Entity Name GREENACRES ROTARY FOUNDATION, INC.)3-14-2005 9	0118 006 ****6	1.25	
175 ST. DAVID'S WAY 175		Mailing Address 175 ST. DAVID'S WAY WELLINGTON, FL 33414	-			5002	6445	
2 Principal P	Naca of Pusiness	3. Mailing Address						
				\$ \$ 8	R:011 00111 00111 00111 0	BUU BUUSI 18111 BUUU 18111 BIT		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03092005 C	hg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 03- 05	47772		plied For at Applicable	
Zip	Country	Zip	Country	S. Certificate of S		\$8.75 Add	titional	
	6. Name and Address of Current I	Registered Agent —		7. Name and Add	iress of New Reg	lstered Agent.		
SPIEGEL & UTRERA, P.A.			Name A.F	Name April SINNOTT				
1840 SW 2	22ND ST.		Street Addre	ess (P.O. Box Number is	s (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33145						,		
÷			City Wé	ellinator		FL Zip Code	ี นเป	
8. The above the obligat	e named entity submits this statement for tions of registered agent. And the statement for the statem	nnott DIR	egistered office or reg			da. I am familiar with,	and accept	
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.					
	-			\$5.00 May Be Added to Fees		te check payable to a Department of Si		
10.	Due by May 1, 2005 OFFICERS AND DIR	Trust Fund Co	ontribution.	Added to Fees	Florid		late	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Due by May 1, 2005	Trust Fund Co	ontribution.	Added to Fees	Florid	a Department of St	late	
TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIR D SINNOTT, APRIL M 175 ST. DAVID'S WAY	Trust Fund Co	11. TITLE NAME STREEF ADDRESS	Added to Fees	Florid	a Department of SI S AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIR D SINNOTT, APRIL M 175 ST. DAVID'S WAY WELLINGTON, FL 33414 SD HUMMEL, DAVID 175 ST. DAVID'S WAY WELLINGTON, FL 33414 PD MILLER, WILLIAM	Trust Fund Co	11. ITILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florid	a Department of St S AND DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIR D SINNOTT, APRIL M 175 ST. DAVID'S WAY WELLINGTON, FL 33414 SD HUMMEL, DAVID 175 ST. DAVID'S WAY WELLINGTON, FL 33414 PD MILLER, WILLIAM 175 ST. DAVID'S WAY	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florid	a Department of St S AND DIRECTORS IN ☐ Change ☐ Change	10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIR D SINNOTT, APRIL M 175 ST. DAVID'S WAY WELLINGTON, FL 33414 SD HUMMEL, DAVID 175 ST. DAVID'S WAY WELLINGTON, FL 33414 PD MILLER, WILLIAM 175 ST. DAVID'S WAY WELLINGTON, FL 33414 T BAKER, KRISTINE 175 ST. DAVID'S WAY	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florid	a Department of St S AND DIRECTORS IN ☐ Change ☐ Change ☐ Change	10 Addition Addition 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 AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

<u> 3/9/05</u>

(561) 964-9110

Daytime Phone #