

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000004004

1. Entity Name  
ROTARY CLUB OF CORAL SPRINGS, INC.



Principal Place of Business  
8327 W. ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071

Mailing Address  
8327 W. ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071



01112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4463203

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JABLON, SCOTT M DR.  
8327 W. ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HENRY, JOE
STREET ADDRESS	3687 CORAL TREE CIRCLE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	JABLON, SCOTT M DR.
STREET ADDRESS	8327 W. ATLANTIC BLVD.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	JENNER, MARTIN
STREET ADDRESS	4153 NW 58TH DR.
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	AYALA, CARLOS
STREET ADDRESS	6660 NW 74TH CT.
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D
NAME	ALCOCK, PAUL
STREET ADDRESS	5804 NW 18TH CT.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000591326  
01/19/07-80017-018 61.25

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IN THIS SPACE**

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: Charles Jenner Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-07

Date

954-428-4844

Daytime Phone #