2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-18-2005 90732 001 ***122.50

DOCUMENT # N05659

1. Entity Name
ROTARY CLUB OF HOMOSASSA SPRINGS FOUNDATION, INC.

66018480

Principal Place of Business	Mailing Address
POST OFFICE BOX 2029 HOMOSASSA SPRINGS, FL 34447 US	POST OFFICE BOX 2029 HOMOSASSA SPRINGS, FL 34447 US

02032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3083237 ☐ Applied For ☐ Not Applicable

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
ABEL, ERIC D. 2450 N. CITRUS HILLS BLVD HERNANDO, FL 32642	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHABRECH, GERRY 5182 N ANDRI DR CRYSTAL RIVER, FL 34428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / Treasurer Adams, Michele 2345 S. Coleman Ave Homosassa, FL 34448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NAYFIELD, MARYBETH 161 SW 3RD STREET CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Nayfield, Marybeth 161 SW 3rd Street Crystal River, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SPINOSA, FRANK 4253 WINDING OAKS DR HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bowman, David 1300 SubTurf St Lecanto, FL 34461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HALL, HAROLD 105 DOUGLAS ST HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mackler, Gregg 2344 Coleman Ave Homosassa, FL 34448 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARVEN, ROBERT 19 DEER DR HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fioretti, Joseph 7097 S. Threshold Pt Homosassa, FL 34446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUDNICK, DARWIN 5410 S MARSHA TERRACE HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Darwin Budnick, Exec 4/14/05 727/868 3308
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #