

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05659

FILED
Mar 15, 2006
Secretary of State

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

Current Principal Place of Business:

POST OFFICE BOX 2029
HOMOSASSA SPRINGS, FL 34447 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2029
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-3083237 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ABEL, ERIC D.
2450 N. CITRUS HILLS BLVD
HERNANDO, FL 32642 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPT () Delete
Name: ADAMS, MICHELLE
Address: 2345 S COLEMAN AVE
City-St-Zip: HOMOSASSA, FL 34448

Title: P () Delete
Name: NAYFIELD, MARYBETH
Address: 161 SW 3RD STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: BOWMAN, DAVID
Address: 1300 SUBTURF ST
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: MACKLER, GREGG
Address: 2344 COLEMAN AVE
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: FIORETTI, JOSEPH
Address: 7097 S THRESHOLD PT
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: BUDNICK, DARWIN
Address: 5410 S MARSHA TERRACE
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ADAMS, MICHELLE
Address: 2345 S COLEMAN AVE
City-St-Zip: HOMOSASSA, FL 34448

Title: D (X) Change () Addition
Name: NAYFIELD, MARYBETH
Address: 161 SW 3RD STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

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

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

Title: P (X) Change () Addition
Name: GARVEN, ROBERT C
Address: 19 DEER DRIVE
City-St-Zip: HOMOSASSA, FL 34446

Title: S (X) Change () Addition
Name: SAMSTAG, MAUREEN M
Address: 6275 GROVER CLEVELAND BLVD
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the 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: MAUREEN SAMSTAG

S

03/15/2006

Electronic Signature of Signing Officer or Director

Date