## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05659

FILED Apr 30, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** POST OFFICE BOX 2029 1300 SUNTURF ST HOMOSASSA SPRINGS, FL 34447 LECANTO, FL 34461 US LIS **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 2029 P.O. BOX 2029 HOMOSASSA SPRINGS, FL 34447 US HOMOSASSA SPRINGS, FL 34447 US FEI Number: 59-3083237 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABEL, ERIC D 2450 N. CITRUS HILLS BLVD HERNANDO, FL 32642 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition ADAMS, MICHELLE Name: Name: 2345 S COLEMAN AVE Address: Address: City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: Title: () Delete Title: () Change () Addition NAYFIELD, MARYBETH Name: Name: Address: 161 SW 3RD STREET Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BOWMAN, DAVID Name: BOWMAN, DAVID Name: 1300 SUBTURF ST 1300 SUNTURF ST Address: Address: City-St-Zip: LECANTO, FL 34461 City-St-Zip: LECANTO, FL 34461 Title: () Delete Title: () Change () Addition Name: MACKLER, GREGG Name: Address: 2344 COLEMAN AVE Address: City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GARVEN, ROBERT C JONES, IVAN S Name: Name: 19 DEER DRIVE 94 SOUTH OAK VILLAGE BLVD Address: Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446 Title: () Delete Title: (X) Change ( ) Addition SAMSTAG, MAUREEN M NAST, CHRISTOPHER C Name: Name: Address: 6275 GROVER CLEVELAND BLVD Address: 162 E REHILL ST HOMOSASSA, FL 34446 LECANTO, FL 34461 City-St-Zip: 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: DAVID BOWMAN P 04/30/2007