2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05659

1. Entity Name

ROTARY CLUB OF HOMOSASSA	SPRINGS	FOUNDATION.	INC
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FILED Feb 24, 2003 8:00 am Secretary of State
02-24-2003 90946 020 ****61.25

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Principal Place of Business	Maili	ing Address							
POST OFFICE BOX 2029 HOMOSASSA SPRINGS FL 34447 US	POST	OFFICE BOX 2029 DSASSA SPRINGS FL	34447						
2 Principal Diagram (D. /	<u>-</u>							Biblio Biblio D	
2. Principal Place of Business	3. Ma	ailing Address							
Suite, Apt. #, etc.	S	uite, Apt. #, etc.				CHECK HERE I	F MAKING	CHANGES	3
City & State	C	City & State			4. FEI Number	59-3083237	······································		applied For lot Applicable
Zip Coun			Country		5. Certificate of S	Status Desired		\$8.75 Ac	iditional
6. Name and Addi	ress of Current Register	ed Agent			7. Name and Ad	dress of New Re			
1000 marie a vi			Name					 -	•
ABEL, ERIC D. 2450 N. CITRUS HILLS BLVD			Street A	ddress (P.0	D. Box Number is	Not Acceptable)	·	-	
HERNANDO FL 32642								<u> </u>	
112/11/04/05/12 020-12			011						
0. The state of the		. = :	City				FL	Zip Coo	
 The above named entity submits the obligations of registered agent 	this statement for the purp t.	pose of changing its r	egistered office o	r registered	agent, or both, in	the State of Flori	ida. I am fa	miliar with,	and accept
SIGNATURE Standard by printed or printed by						· · · · · · · · · · · · · · · · · · ·			
Signature, typed or printed hear	ne of registered agent and title if app	plicable. (NOTE:	Registered Agent signal	ure required wh	en reinstating)		DATE		
Mark Company	•	4 =							
. EU & NOW									
FILE NOW: FEE IS	\$ \$61.25		paign Financing Intribution.	┌ \$	5.00 May Be		e Check		
FILE NOW: FEE IS	5 \$61.25	Trust Fund Co		□ \$ A	5.00 May Be dded to Fees		e Check Departr		
10. OFF	ICERS AND DIRECTORS	Trust Fund Co		L A	5.00 May Be dded to Fees	Florida	Departr	nent of S	State
10. OFF	ICERS AND DIRECTORS	Trust Fund Co	11. TITLE	AD	dded to Fees	Florida SES TO OFFICERS	Departr	nent of S	State
10. OFF TITLE PD NAME SCHABRUEH, GERA	ICERS AND DIRECTORS	Trust Fund Co	11. TITLE NAME	AD	dded to Fees	Florida SES TO OFFICERS	Departr	CTORS IN	State
10. OFF TITLE PD NAME STREET ADDRESS 5182 N ANDRI DR	ICERS AND DIRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS	AD	dded to Fees	Florida SES TO OFFICERS	Departr	CTORS IN	State
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10. OFF TITLE PD SCHABRUEH, GERA STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL TITLE TD MAYFIELD, MARYBE	ICERS AND DIRECTORS AY 34428	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AD AD Schab	DITIONS/CHANG	Florida SES TO OFFICERS	Departr	CTORS IN	State
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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: MALGAMALIRE/REQUIRED

2/20/03

352 795.7297