



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90005 017 \*\*\*\*61.25

<b>DOCUMENT # N07336</b>					
1. Entity Name ROTARY CLUB OF LEESBURG, FLORIDA, INC.					
Principal Place of Business 907 WEBSTER STREET P.O. BOX 2722 LEESBURG, FL 34748-5026		Mailing Address 907 WEBSTER STREET P.O. BOX 2722 LEESBURG, FL 34748-5026		<p style="text-align: right; font-size: 24pt;"><b>54018034</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03022004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-2514102</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAYLOR, BRUCE A. 907 WEBSTER STREET LEESBURG, FL 32748			Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, RON		NAME	Wonus, William	
STREET ADDRESS	01916 SPRING LAKE ROAD		STREET ADDRESS	1780 Sylvan Point Drive	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, ROBERT H		NAME		
STREET ADDRESS	05640 TWIN PALMS ROAD		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, BRUCE		NAME		
STREET ADDRESS	33741 S HAINES CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, PHYLLIS		NAME		
STREET ADDRESS	604 PERKINS STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, GLEN		NAME		
STREET ADDRESS	1105 N PALMETTO ST		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, BILL		NAME		
STREET ADDRESS	1726 OVERLOOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA, FL 32756		CITY-ST-ZIP		
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: <i>Bill Deese</i>		Date: <i>3/10/04</i>		Daytime Phone #: <i>(352) 787-2308</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	