


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90239 017 ****61.25

| | | | | | |
|---|--|---------|--|---|--|
| DOCUMENT # N14964 1. Entity Name ROTARY CLUB OF WINTER SPRINGS, INC. | | | |  | |
| Principal Place of Business P. O. BOX 195235 WINTER SPRINGS FL 32719-2235 | | | Mailing Address P. O. BOX 195235 WINTER SPRINGS FL 32719-2235 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0014255 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SLATTERY, TIM 2060 WILLINGHAM ROAD CHULUOTA FL 32766 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 <i>Tim M. Slattery</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | |
| DATE | | | | DATE | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$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 GP GILMORE, DON 803 LEOPARD TRAIL WINTER SPRINGS FL 32708 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP AD SLATTERY, TIM P.O. BOX 622798 OVIEDO FL 32762-2798 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 7D SIMMONS, MAUREEN 726 S. ENDEAUOUR DR. WINTER SPRINGS FL 32708 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VP KRAMER, MARTY 1605 NORTH WIND COURT WINTER SPRINGS FL 32708 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D LORENZE, DEWAYNE 30 SABLE COURT WINTER SPRINGS FL 32708 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Denise Ryser - Treasurer 1707 Littleton Ct Winter Springs FL 32708 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | |

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: *Tim M. Slattery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #