


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2005 08:00 AM  
Secretary of State**

DOCUMENT # N20150		
1. Entity Name THE ROTARY CLUB OF CLEARWATER EAST FOUNDATION, INC.		
Principal Place of Business	Mailing Address	
P. O. BOX 4662 CLEARWATER, FL 33758 US	P. O. BOX 4662 CLEARWATER, FL 33758 US	



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2833950</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ZSCHAU, JULIUS J 2701 N. ROCKY POINT DR SUITE 930 TAMPA, FL 33607	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLANDER, DOUGLAS A 481 HADLEY DR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARNOLD, RON 1725 MELROSE AVE. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYANT, RICHARD 950 GILFORD STREET OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINK, C R 1884 BELLEAIR ROAD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMEL, RICHARD 1118 CHESHIRE CT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPONG, RICHARD 1725 HITCHING POST LANE DUNEDIN, FL 34698

**DO NOT WRITE  
IN THIS SPACE**

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02/14/05-800688-023 61.25

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:** *C. Ray Mink* (C. Ray Mink) 2/12/05 727-531-4944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #