2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# N28357

Entity Name: ROTARY CLUB OF CRYSTAL RIVER-KINGS BAY, INC.

Current Principal Place of Business:

P.O BOX 27
CRYSTAL RIVER, FL 344230027 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 27
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-2918952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLEWARE, ROBERT
29 S.J. KELLNER BLVD.
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

PROFFER, ROGER B
1014 S.E. 4TH AVE
CRYSTAL RIVER, FL 34429 US

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: ROGER B. PROFFER, SR. 03/02/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	BOLEWARE, ROBERT	
Address:	29 S.J. KELLNER BLVD.	
City-St-Zip:	BEVERLY HILLS, FL 34465	
Title:	P	( ) Delete
Name:	TURAK, JOSEPH	
Address:	3301 W. CARDINAL LANE	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	D	( ) Delete
Name:	REYNOLDS, JACK	
Address:	461 NW 14TH PL	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	T	( ) Delete
Name:	MOCK, ROBERT	
Address:	1226 NE 42ND AVE	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	SMITH, JIM	
Address:	12829 W FOSSGROVE	
City-St-Zip:	INGLIS, FL 34449	
Title:	D	( ) Delete
Name:	JOHNSON, SANDRA	
Address:	130 SE 2ND AVE	
City-St-Zip:	CRYSTAL RIVER, FL 34429	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	SD	(X) Change ( ) Addition
Name:	PROFFER, ROGER B	
Address:	1014 S.E. 4TH AVE	
City-St-Zip:	CRYSTAL RIVER, FL 32249	
Title:	P	(X) Change ( ) Addition
Name:	CAFFEE, CAROLYN	
Address:	10329 N. ATHENIA DR	
City-St-Zip:	CITRUS SPRINGS, FL 34434	
Title:	VP D	(X) Change ( ) Addition
Name:	TURCK, JOSEPH	
Address:	7471 S DENHOFF PT	
City-St-Zip:	LECANTO, FL 34461	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROGER B PROFFER, SR. S D 03/02/2004
Electronic Signature of Signing Officer or Director Date