## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2005 8:00 am Secretary of State

04-14-2005 90104 026 \*\*\*\*61 25

DOCUMENT # N28357  1. Entity Name ROTARY CLUB OF CRYSTAL RIVER-KINGS BAY, INC.						04-14-200		920 · · · · 01		
Principal Place of Business Mailing Addre P.O BOX 27 P.O BOX 27 CRYSTAL RIVER, FL 34423-0027 US CRYSTAL RIV								,	*** **********************************	
Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #. etc.				-	eet ietes ikist siibi	indi manit sidif di	PIT ETBIL ETBIL ETPT	(181 S) (SS-
					ļ	Chg-NP	CR2EC	37 (10/03)		
City & State		City & State				4. FEI Number 59-2918!	952		<u> </u>	plied For t Applicable
Žip	Country	Zip		Cou	untry · ,	5. Certificate of	Status Desired	1 🗆	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered A	gent		Name	7. Name and A	ddress of Nev	Registered	Agent	
PROFFER	, ROGER B		•							
1014 S.E. 4TH AVE CRYSTAL RIVER, FL 34429				Street Address (P.O. Box Number is Not Acceptable)						
					City			FI	Zip Code	
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. (INOTE: Registered Agent algorithms of the control o										
	Signature, typed or printed name of registered agent	and title if applicat	ole. (NOTE	. Registere	ed Agent signature require	d when reinstating}		DATE		
	Signature, speed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005	and title if applicat	9. Election Can Trust Fund C	npaign f	Financing	\$5.00 May Be Added to Fees	F	Make che	ck payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI		9. Election Can Trust Fund C	npaign F Contribut	Financing tion.	\$5.00 May Be	F	Make ched lorida Depa	IRECTORS IN	tate
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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 eath; that I am an officer or direction 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** 

STENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 Date

1196 Davime Phone #