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.

Principal Place of Business	Mailing Address
P.O BOX 27 CRYSTAL RIVER, FL 34423-0027 US	P.O BOX 27 CRYSTAL RIVER, FL 34423 US

03302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2918952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PROFFER, ROGER B 1014 S.E. 4TH AVE CRYSTAL RIVER, FL 34429	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	SD PROFFER, ROGER B 1014 S.E. 4TH AVE CRYSTAL RIVER, FL 32249	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Don Turner 377 N.W. 14th Pl Crystal River, FL 34428 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAFFEE, CAROLYN 10329 N. ATHENIA DR CITRUS SPRINGS, FL 34434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bob Boleware P.O. Box 640250 Beverly Hills, FL 34464 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D TURCK, JOSEPH 7471 S DENHOFF PT LECANTO, FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D Carolyn Caffee 10329 N. Athenia Dr. Citrus Springs, FL 34434 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOCK, ROBERT 1226 NE 42ND AVE OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JIM 12829 W FOSSGROVE INGLIS, FL 34449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, SANDRA 130 SE 2ND AVE CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Don Turner Secretary 4-12-05 352-563 1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #