


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90280 016 ****61.25

DOCUMENT # N28418 1. Entity Name OLDSMAR, FLORIDA ROTARY CLUB, INC.					
Principal Place of Business %CHARLES S. DAYHOFF III P. O. BOX 1372 OLDSMAR, FL 34677			Mailing Address %CHARLES S. DAYHOFF III P. O. BOX 1372 OLDSMAR, FL 34677		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2953855	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAYHOFF, CHARLES S. III CORNERSTONE CENTRE 3830 TAMPA ROAD, SUITE 150 PALM HARBOR, FL 34684				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLE, R. EARL		NAME		
STREET ADDRESS	6316 SPOONBILL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 346522028		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GILBERT, LAWRENCE D		NAME	Secretary Alan Rosenberg	
STREET ADDRESS	3355 DUNEMOOR CT		STREET ADDRESS	10344 Lightner Bridge Dr.	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	Tampa, FL 33626	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULVIHILL, JOHN		NAME	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	100 STATE STREET WEST		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ELLENOR, KIM		NAME	Colleen Morrisette	
STREET ADDRESS	4018 TAMPA RD.		STREET ADDRESS	909 Woodland Dr.	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Dave Thompson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALTAMORA, SAM J		NAME	938 Cypress Lakes Blvd	
STREET ADDRESS	1771 SPLIT FORK DRIVE		STREET ADDRESS	Tampa Springs, FL 34688	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
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: <u>Colleen Morrisette</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-05 (813) 855-5779 <small>Date Daytime Phone #</small>		