

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90021 049 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2953855

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAYHOFF, CHARLES S. III
CORNERSTONE CENTRE
3830 TAMPA ROAD, SUITE 150
PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **D** ☐ Delete
NAME **HALLE, R. EARL**
STREET ADDRESS **6316 SPOONBILL DRIVE**
CITY- ST- ZIP **NEW PORT RICHEY, FL 346522028**

TITLE **VP** ☐ Delete
NAME **ROSENBERG, ALAN**
STREET ADDRESS **10344 LIGHTNER BRIDGE DR**
CITY- ST- ZIP **TAMPA, FL 33626**

TITLE **T** ☐ Delete
NAME **MULVIHILL, JOHN**
STREET ADDRESS **100 STATE STREET WEST**
CITY- ST- ZIP **OLDSMAR, FL 34677**

TITLE **P** ☐ Delete
NAME **ELLENOR, KIM**
STREET ADDRESS **32700 US HWY 19 NORTH**
CITY- ST- ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☐ Delete
NAME **MORRISETTE, COLLEEN**
STREET ADDRESS **909 WOODLAND DR**
CITY- ST- ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☐ Delete
NAME **BURROUGHS, PAUL**
STREET ADDRESS **2861 SABER DR**
CITY- ST- ZIP **CLEARWATER, FL 33759**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS **29750 US Hwy 19N**
CITY- ST- ZIP **Clearwater FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

Date

451-5076

Daytime Phone #