

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90040 033 ****61.25

DOCUMENT # N29597

1. Entity Name
THE ROTARY CLUB OF SEVEN SPRINGS, FLORIDA, INC.



Principal Place of Business
P. O. BOX 295
NEW PORT RICHEY, FL 34656-0295

Mailing Address
P. O. BOX 295
NEW PORT RICHEY, FL 34656-0295

60013271



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2862370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, ROBERT N
5628 MAIN ST.
NEW PORT RICHEY, FL 34652

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, 2006

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 **P** ☒ Delete
NAME **HOLLADAY, TIM**
STREET ADDRESS **8926 ROSS LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL**

TITLE **D** ☒ Delete
NAME **JACKSON, CONNIE**
STREET ADDRESS **6520 RIDGE ROAD**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☒ Delete
NAME **DAVIS, DON**
STREET ADDRESS **4821 U.S. HWY. 19**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **D** ☒ Delete
NAME **SENDERLING, RICK**
STREET ADDRESS **10134 BOZEMAN DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **T** ☐ Delete
NAME **HOWELLS, TIM**
STREET ADDRESS **11905 OAK TRAIL WAY**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **S** ☐ Delete
NAME **KOCHER, ROBIN**
STREET ADDRESS **12107 MAJESTIC BLVD**
CITY-ST-ZIP **HUDSON, FL 34667**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PMR** ☐ Change ☒ Addition
NAME **JEFF THOMAS**
STREET ADDRESS **8610 GALEN WILSON BLVD. Bldg B. Ste 100**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☐ Change ☒ Addition
NAME **ROMAN REMISIEWICZ**
STREET ADDRESS **8602 LITTLE RD.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

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

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

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

TITLE ☐ 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

Date

Daytime Phone #

2-6-06

727-PR-3503