
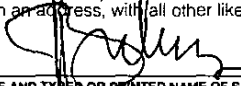


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91042 003 \*\*\*\*61.25

<b>DOCUMENT # N33323</b>			
1. Entity Name <b>ROTARY CLUB OF CLEARWATER BEACH CHARITIES, INC.</b>			
Principal Place of Business P.O. BOX 10782 CLEARWATER FL 34617		Mailing Address P.O. BOX 10782 CLEARWATER FL 33757-782 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>RIVES, HOWARD, P, III 1265 S MYRTLE AVE CLEARWATER FL 34616</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HAMILTON, HOYT</b> <del>2020 CONRAD LN</del> <b>CLEARWATER FL 33764</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2410 PARK STREAM AVE</b> <b>33759</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BECKERS, HILMER</b> <b>PHARMALINK 12345 STARKEY RD</b> <b>LARGO FL 33773</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MONTEITH, ANGELA</b> <b>BOUCHARD INS 101 STARCREST DR.</b> <b>CLEARWATER FL 33765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KLAUSCA, JIM</b> <b>1307 MURKLEY DR</b> <b>LARGO FL 33773</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KLAUSCH</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GILPIN, CAROL</b> <b>SUN TRUST 423 MANDALAY AVE</b> <b>CLEARWATER BEACH FL 33767</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GASTON, RICK</b> <b>209 PONCE DE LEON</b> <b>BELLEAIR FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		<b>HILMER BECKERS</b> <b>04-19-04</b> <b>727-535-2805</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



MOORE CR2E037 (11/03)

4. FEI Number **59-2965171** Applied For ☐ Not Applicable ☐

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