
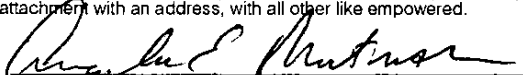


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90376 034 ****61.25

DOCUMENT # N33323 1. Entity Name ROTARY CLUB OF CLEARWATER BEACH CHARITIES, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2965171	
Zip		Country		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	
RIVES, HOWARD, P, III 1265 S MYRTLE AVE CLEARWATER FL 34616				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 _____					
FILE NOW: 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	HAMILTON, HOYT		NAME		
STREET ADDRESS	2410 PARK STREAM AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKERS, HILMER		NAME		
STREET ADDRESS	PHARMALINK 12345 STARKEY RD		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTEITH, ANGELA		NAME		
STREET ADDRESS	BOUCHARD INS. 101 STARCREST DR.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33765		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAUSHC, JIM		NAME	ELIZABETH HAYES	
STREET ADDRESS	1307 MURKLEY DR		STREET ADDRESS	418 MIDWAY ISLAND	
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILPIN, CAROL		NAME		
STREET ADDRESS	SUN TRUST 423 MANDALAY AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH FL 33767		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GASTON, RICK		NAME		
STREET ADDRESS	209 PONCE DE LEON		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL 33756		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: 			4-17-05 727-535-2805		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		