

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90062 015 \*\*\*\*61.25

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02012005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N33592</b> 1. Entity Name <b>ROTARY CLUB OF PALM HARBOR CHARITIES, INC.</b>					
Principal Place of Business P.O. BOX 515 PALM HARBOR, FL 34682-7515			Mailing Address P.O. BOX 515 PALM HARBOR, FL 34682-7515		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2965167</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUGHANI, ANDY</b> <b>36255 US 19</b> <b>PALM HARBOR, FL 34684</b>				7. Name and Address of New Registered Agent  Name <b>JIM FEIERBACHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3343 HIBISCUS DR</b>  City <b>PALM HARBOR</b> <b>FL</b> Zip Code <b>34684</b>	
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 <u><i>James J. Feierbacher</i></u> <b>Secretary JAMES J. FEIERBACHER</b> <b>2-2-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SCHMIDT, PAUL</b> <b>33920 US 19</b> <b>PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>TOM BUTLER</b> <b>3605 A19N</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MARTIN, SUSAN L</b> <b>3970 TAMPA ROAD, SUITE G</b> <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>JIM FEIERBACHER</b> <b>3343 HIBISCUS DR</b> <b>PALM HARBOR FL 34684</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>RUGHANI, ANDY</b> <b>36255 US 19 N</b> <b>PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SUSAN MARTIN</b> <b>7901 SOUTH RACE TRACK RD</b> <b>TAMPA FL 33635</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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		<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		<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.					
SIGNATURE: <u><i>James J. Feierbacher</i></u> <b>JAMES J. FEIERBACHER</b> <b>2-2-05</b> <b>786-8093</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					