## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 02, 2007 08:00 A DOCUMENT # N33592 1. Entity Name **Secretary of State** ROTARY CLUB OF PALM HARBOR CHARITIES, INC. Principal Place of Business Mailing Address P.O. BOX 515 P.O. BOX 515 PALM HARBOR FL 34682-7515 **PALM HARBOR FL 34682-7515** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite Apt. #, otc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-2965167 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEIERBACHER, JIM Street Address (P.O. Box Number is Not Acceptable) 3343 HIBISCUS DR PALM HARBOR FL 34684 City 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 FILE NOW:: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILE D Delete TITLE Change Addition NAME NAME SCHMIDT, PAUL STREET ADDRESS 4965 STONELEIGH PL STREET ADDRESS U00000654349 CHY-SI-7IP CITY-ST-ZIP OLDSMAR FL 34677 <u>002 61</u> Delete Addition TITLE TITLE Change NAME BUTLER, TOM NAME STREET ADDRESS STREET ADDRESS 3605 A19 N CITY-SI-7iP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Defele TILLE TITLE ☐ Change Addition NAME NAME FEIERBACHER, JIM STREET ADDRESS STREET ADDRESS 3343 HIBISCUS DR CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME MARTIN, SUSAN STREET ADDRESS STREET ADDRESS 7901 SOUTH RACE TRACK RD CITY-ST-ZIP CITY - ST - ZIP **TAMPA FL 33635** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP TITLE ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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

1-31-0