

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90005 047 ****61.25

DOCUMENT # N40202

1. Entity Name
HIGH SPRINGS ROTARY CLUB, INC.



Principal Place of Business
**% GARY D. GRUNDER
P O BOX 727
HIGH SPRINGS, FL 32643**

Mailing Address
**% GARY D. GRUNDER
P O BOX 727
HIGH SPRINGS, FL 32643**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6153584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUNDER, GARY D.
1025-5 N MAIN ST
HIGH SPRINGS, FL 32643**

Name **Gary D. Grunder**

Street Address (P.O. Box Number is Not Acceptable)
23349 NW CR 236, Suite 10

City **High Springs** FL Zip Code **32643**

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, 2004

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 NAME **D MARVEL, MASON** ☐ Delete
STREET ADDRESS **2410 NW 19TH AVE.**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

TITLE NAME **PD TROIANO, JIM** ☐ Delete
STREET ADDRESS **PO BOX 584**
CITY-ST-ZIP **HIGH SPRINGS, FL 32655**

TITLE NAME **SD ARNAU, TINA** ☒ Delete
STREET ADDRESS **PO BOX 1984**
CITY-ST-ZIP **HIGH SPRINGS, FL 32655**

TITLE NAME **TD PULTS, CHARLIE** ☐ Delete
STREET ADDRESS **PO BOX 867**
CITY-ST-ZIP **HIGH SPRINGS, FL 32655**

TITLE NAME **PD WELLBORN, PETE** ☐ Delete
STREET ADDRESS **P.O. BOX 1740**
CITY-ST-ZIP **HIGH SPRINGS, FL 32655**

TITLE NAME **D RUANO, ROBERT** ☐ Delete
STREET ADDRESS **9366 NW 26th AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME **SD** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D
GAY, STACEY
17737 NW U.S. Hwy. 441
High Springs, FL 32643

Attachment

~~44N 40202~~
44022454

D
COBURN, DICK
370 SW UNITY COURT
FORT WHITE, FL 32038

D
ADKINS, ERNIE
RT. 2, Box 480H
LAKE BUTLER, FL 32054