

FILED
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Secretary of State

03-16-2005 90039 036 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		50027365	
2. Principal Place of Business 23349 NW CR 236 Suite, Apt. #, etc. SUITE 10 City & State HIGH SPRINGS, FL Zip 32643 Country USA		3. Mailing Address 23349 NW CR 236 Suite, Apt. #, etc. SUITE 10 City & State HIGH SPRINGS, FL Zip 32643 Country USA	
03102005 Chg-NP CR2E037 (10/03)		4. FEI Number 59-6153584 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GRUNDER, GARY D. 23349 NW CR 236, STE 10 HIGH SPRINGS, FL 32643	
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	D MARVEL, MASON 2410 NW 19TH AVE. HIGH SPRINGS, FL 32643 <input checked="" 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	SD TROIANO, JIM PO BOX 584 HIGH SPRINGS, FL 32655 <input checked="" 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	TD PULTS, CHARLIE PO BOX 867 HIGH SPRINGS, FL 32655 <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	PD WELLBORN, PETE PO BOX 1740 HIGH SPRINGS, FL 32655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUANO, ROBERT 9366 NW 26TH AVE. GAINESVILLE, FL 32606 <input checked="" 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 checked="" 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.		SD MCROBERTS, AMY 6239 NW 50th TERR. BELL, FL 32619	
SIGNATURE: <u>Amy R. McRoberts</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/11/05 386/454-0785 Date Daytime Phone #	

ATTACHMENT

#N40202

50027365

CONTINUATION SHEET FOR 2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

HIGH SPRINGS ROTARY CLUB, INC.

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ADKINS, ERNIE
Rt. 2 Box 480-H
Lake Butler, FL 32054

PD

GAY, STACEY
2120 NE Santa Fe Blvd.
High Springs, FL 32643

D

IMLER, GARY
615 N.W. 1st Street
High Springs, FL 32643

D

OLMERT, BRYAN
P. O. Box 235
High Springs, FL 32655

D

SUMMERS, BOBBY
P. O. Box 976
High Springs, FL 32655