

FILED
Mar 16, 2005 8:00 am
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 | |
| 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 | |
| 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 <div style="display: flex; justify-content: space-between;">FLZip Code</div> | |
| 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 | | | |
| TITLE | D MARVEL, MASON 2410 NW 19TH AVE. HIGH SPRINGS, FL 32643 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> | TITLE | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | SD TROIANO, JIM PO BOX 584 HIGH SPRINGS, FL 32655 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> | TITLE | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | TD PULTS, CHARLIE PO BOX 867 HIGH SPRINGS, FL 32655 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | PD WELLBORN, PETE PO BOX 1740 HIGH SPRINGS, FL 32655 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D RUANO, ROBERT 9366 NW 26TH AVE. GAINESVILLE, FL 32606 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> | TITLE | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE | <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: <u>Amy R. McRoberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>3/11/05</u> Daytime Phone # <u>386/454-0785</u> | |

50027365



03102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6153584 Applied For Not Applicable

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

FL

ATTACHMENT

#N40202

50027365

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

HIGH SPRINGS ROTARY CLUB, INC.

#10

D

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