

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90037 029 ****61.25

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DOCUMENT # N40679 1. Entity Name THE ROTARY CLUB OF COUNTRYSIDE, INC.					
Principal Place of Business 3001 COUNTRYSIDE BLVD. CLEARWATER, FL 33761 US			Mailing Address P O BOX 14006 CLEARWATER, FL 33766 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1748754	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, WILLIAM C DR 2882 HYDE PARK COURT CLEARWATER, FL 33761				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;"> FL Zip 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFERIES, STEPHEN M MR 3012 CLUBHOUSE DRIVE W CLEARWATER, FL 34621	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D MR. CAL HARGREAVES 9114 WOODBAY DRIVE TAMPA, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, WILLIAM C DR 2882 HYDE PARK COURT CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-D MR. THOMAS O. MICHAELS 3056 OAK CREEK DR. N. CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINNEY, NANCY J MRS 6325 RIDGE TOP ROAD NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D MR. RENAY ROARK 2838 TRAILWOOD DR. PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARGREAVES, CAL MR 9114 WOODBAY DRIVE TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. STEPHEN M. JEFFERIES 3012 CLUBHOUSE DR. W CLEARWATER, FL 33761	<input checked="" 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	D MRS. NANCY J. KINNEY 6325 RIDGE TOP ROAD NEW PORT RICHEY, FL 34655	<input checked="" 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	D DR. JAMES R. PITTS 102 CARLYLE DR. PALM HARBOR, FL 34683	<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.					
SIGNATURE: <div style="float: right; text-align: right;"> January 18, 2005 (227) 786-4640 <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					