## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90242 012 \*\*\*\*61.25

$\boldsymbol{L}$		 יויה	170	O,	J
1.	Entity Name				

DOCUMENT # NA0670



THE ROTARY CLUB OF COUNTRYSIDE, INC. Principal Place of Business Mailing Address 60002412 3001 COUNTRYSIDE BLVD. P 0 BOX 14006 CLEARWATER, FL 33761 CLEARWATER, FL 33766 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-1748754 Not Applicable Zip Country 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 Nama LEWIS, WILLIAM C DR Street Address (P.O. Box Number is Not Acceptable) 2882 HYDE PARK COURT CLEARWATER, FL 33761 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 P-D. THOMAS O. MICHAELS TITI F D X Delete TITLE ■ Addition JEFFERIES, STEPHEN M MR NAME NAME 3012 CLUBHOUSE DRIVE W STREET ADDRESS 30.56 CAK CREEK DRIVE NORTH CHEARWATER FL 33761 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 34621 CITY-ST-ZIP SD MR. JAMES F. CAUNELLA TD ☐ Delete TITLE LEWIS, WILLIAM C DR NAME NAME 2872 QUAIL HOLLOW ROAD 2882 HYDE PARK COURT STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33761 CLEARWATER, FL 33761 CITY-ST-ZIP CITY-ST-ZIP **⊠**⊾Delete TITLE ☐ Change ☐ Addition TITLE KINNEY, NANCY J MRS Me. JAMES B. SPICER NAME NAME 2573 FRISCO DRIVE CLEARWATER, ICL 33761 6325 RIDGE TOP ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete MR. JOHN WILSON HARGREAVES, CAL MR NAME NAME BRAUKR DAM COORT 52 9114 WOODBAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33626** CITY-ST-7IP SAFETY HARBOR, FL 34696 ☐ Change ☐ Addition VD ☐ Delete TITLE TITLE DR. SAGRES R. PITTS MICHAELS, THOMAS O NAME NAME 102 CARLYLE BRIVE 3056 OAK CREEK DRIVE NORTH STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP PALM HARBOR 34683 ■ Addition TITLE Delete TITLE □ Change NAME ROARK, RENAY NAME STREET ADDRESS 2838 TRAILWOOD DRIVE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied in the composition of the corporation or the receiver of sustee empowered to execute this report as required by Chapter 817, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certified in Chapter 119, Florida Statutes. I further c

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: