

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90119 030 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1748754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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 William C. Lewis
Signature, typed or printed name of registered agent and his application.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **DP** ☐ Delete
NAME **MICHAELS, THOMAS O**
STREET ADDRESS **3056 OAK CREEK DR N**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **TD** ☐ Delete
NAME **LEWIS, WILLIAM C DR**
STREET ADDRESS **2882 HYDE PARK COURT**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **SD** ☐ Delete
NAME **CANNELLA, JAMES F**
STREET ADDRESS **2872 QUAIL HOLLOW RD**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **D** ☐ Delete
NAME **SPICER, JAMES B**
STREET ADDRESS **2573 FRISCO DR**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **VD** ☐ Delete
NAME **MICHAELS, THOMAS O**
STREET ADDRESS **3056 OAK CREEK DRIVE NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **D** ☐ Delete
NAME **WILSON, JOHN**
STREET ADDRESS **52 BAUER DAM CT**
CITY-ST-ZIP **SAFETY HARBOR, FL 34696**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **A** ☒ Change ☐ Addition
NAME **LEWIS, William C.**
STREET ADDRESS **2882 HYDE PARK COURT**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **VP** ☒ Change ☐ Addition
NAME **CANNELLA, JAMES F**
STREET ADDRESS **2872 QUAIL HOLLOW ROAD**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **T** ☐ Change ☒ Addition
NAME **WAGNER, PAUL E.**
STREET ADDRESS **39 NEW FAUN DRIVE**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **D** ☒ Change ☐ Addition
NAME **MICHAELS, THOMAS O**
STREET ADDRESS **3056 OAK CREEK DRIVE N.**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **D** ☐ Change ☒ Addition
NAME **JEFFRIES, STEPHEN M.**
STREET ADDRESS **3012 CLUBHOUSE DR. W.**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **D** ☐ Change ☒ Addition
NAME **LAVE MARY ANN**
STREET ADDRESS **3030 HOMESTEAD COURT**
CITY-ST-ZIP **CLEARWATER, FL 33769**

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 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 REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #