

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90052 021 \*\*\*\*61.25

**DOCUMENT # N44102**

1. Entity Name

ROTARY CLUB OF TAMPA, FLORIDA, INC.



Principal Place of Business

Mailing Address

806 E JACKSON ST  
TAMPA FL 33602  
US

P.O. BOX 172056  
TAMPA FL 33672



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-0428466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, LINDA  
806 E JACKSON ST  
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME GILLEN, WILLIAM A  
STREET ADDRESS 371 CHANNELSIDE WALK WAY #1504  
CITY- ST- ZIP TAMPA FL 33602

TITLE ☐ Change ☒ Addition  
NAME D FOSTER, JOHN P.  
STREET ADDRESS 4202 WATER OAKS LANE  
CITY- ST- ZIP TAMPA, FL 33618

TITLE ☐ Delete  
NAME LOVE, LYNN  
STREET ADDRESS 8104 DOUBLE BRANCH RD  
CITY- ST- ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME WENDELL, SEBASTIAN  
STREET ADDRESS 306 INNER HARBOR CIR  
CITY- ST- ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME SANDELLI, RAYMOND F  
STREET ADDRESS 5031 WESLEY DRIVE  
CITY- ST- ZIP TAMPA FL 33-6475

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME RODRIGUEZ, PETER JR.  
STREET ADDRESS 510 CLIFF DRIVE  
CITY- ST- ZIP TEMPLE TERRACE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LYNN LOVE 1/30/07 813 223 3394