

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000601

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** GULF BEACHES ROTARY FOUNDATION, INC.

**Current Principal Place of Business:**

64 DOLPHIN DR.  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 8805  
MADEIRA BEACH, FL 33738 US

**New Mailing Address:**

**FEI Number:** 59-3181809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEADY, SUZANNE  
725 116TH AVE.  
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ENGLAND, BILL  
Address: 3990 58TH WAY NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: S ( ) Delete  
Name: DEADY, SUZANNE  
Address: 726 116TH AVE.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: BLACK, HARRY  
Address: 11055 7TH STREET EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: MILLS, MARILYN  
Address: 12275 ARLENE AVE.  
City-St-Zip: SEMINOLE, FL 33772

Title: TD ( ) Delete  
Name: COWARD, CAROL L  
Address: 64 DOLPHIN DR.  
City-St-Zip: TREASURE ISLAND, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BLACK, HARRY  
Address: 12601 PINE FOREST WAY E  
City-St-Zip: LARGO, FL 33773

Title: D (X) Change ( ) Addition  
Name: BURKE, JOHN  
Address: 12405 3RD ST. E, #304  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL L. COWARD

T

01/06/2006

Electronic Signature of Signing Officer or Director

Date