

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-24-2005 90028 009 ****61.25

DOCUMENT # N94000001181 1. Entity Name DUNEDIN ROTARY CLUB FOUNDATION, INC.					
Principal Place of Business 360 MOROE DUNEDIN, FL 34698			Mailing Address P O BOX 1153 DUNEDIN, FL 34697 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3383574	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREEBORN, JOHN F 360 MONROE DUNEDIN, FL 34698				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	D <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONOGHUE, KEVIN J		NAME		
STREET ADDRESS	5021 VALENCIA LANE E		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKEMAN, JACK S		NAME		
STREET ADDRESS	201 OLD OAK CR		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELTNER, CARL H		NAME		
STREET ADDRESS	961 MCLEAN ST		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEBORN, JOHN F		NAME		
STREET ADDRESS	301 PRESCOTT AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISHAM, ROBERT		NAME		
STREET ADDRESS	435 HOLLY HILL RD		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Jack S Bakeman, Treasurer</u> Date <u>2/24/05</u>					