

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**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**



01142006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3383574**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FREEBORN, JOHN F  
360 MONROE  
DUNEDIN, FL 34698**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **DONOGHUE, KEVIN J**  
STREET ADDRESS **5021 VALENCIA LANE E**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **DT**  
NAME **BAKEMAN, JACK S**  
STREET ADDRESS **201 OLD OAK CR**  
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE **D**  
NAME **KELTNER, CARL H**  
STREET ADDRESS **961 MCLEAN ST**  
CITY-ST-ZIP **DUNEDIN, FL**

TITLE **DS**  
NAME **FREEBORN, JOHN F**  
STREET ADDRESS **301 PRESCOTT AVENUE NORTH**  
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **D**  
NAME **ISHAM, ROBERT**  
STREET ADDRESS **435 HOLLY HILL RD**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000391204  
01/24/06-80032-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jack Bakeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/06*

Date

*727-761-744*

Daytime Phone #