

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 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**

DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3383574

Applied For
Not Applicable

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000799437
01/30/08-80068-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOGHUE, KEVIN J 5021 VALENCIA LANE E PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAKEMAN, JACK S 201 OLD OAK CR PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELTNER, CARL H 961 MCLEAN ST DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FREEBORN, JOHN F 301 PRESCOTT AVENUE NORTH CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISHAM, ROBERT 435 HOLLY HILL RD OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08
Date

727.781.7440
Daytime Phone #