

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90302 040 ****61.25

DOCUMENT # N94000001417					
1. Entity Name ROTARY CLUB OF WEST JACKSONVILLE, FLORIDA, INCORPORATED					
Principal Place of Business POST OFFICE BOX 382055 JACKSONVILLE, FL 32238			Mailing Address POST OFFICE BOX 382055 JACKSONVILLE, FL 32238		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1298191	
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		
IMRAY, SCOTT W DMD 12731 HUNT CLUB RD N. JACKSONVILLE, FL 32224			Name <u>James F. Register, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>11905 Little Creek Lane</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32223</u>		
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: <u>Scott W. Imray</u> Signature, typed or printed name of registered agent and title if applicable			DATE: <u>25 Apr 05</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		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 DS NAME IMRAY, SCOTT W DMD STREET ADDRESS 12731 HUNT CLUB RD N CITY- ST- ZIP JACKSONVILLE, FL 32224	☐ Delete		TITLE DT NAME STREET ADDRESS CITY- ST- ZIP 	☒ Change ☐ Addition	
TITLE DP NAME VOSS, PHILIP D STREET ADDRESS 4551 ORTEGA FARMS CIRCLE CITY- ST- ZIP JACKSONVILLE, FL 32210	☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition	
TITLE DV NAME PRENDERGAST, MICHAEL G STREET ADDRESS 1916 WOODMERE DRIVE CITY- ST- ZIP JACKSONVILLE, FL 32210	☐ Delete		TITLE DP NAME STREET ADDRESS CITY- ST- ZIP 	☒ Change ☐ Addition	
TITLE DT NAME OVERTON, JAMES N STREET ADDRESS 3751 OAK POINT AVE CITY- ST- ZIP JACKSONVILLE, FL 32210	☐ Delete		TITLE DV NAME STREET ADDRESS CITY- ST- ZIP 	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete		TITLE DS NAME James F. Register, Jr. STREET ADDRESS 11905 Little Creek Lane CITY- ST- ZIP Jacksonville, FL 32223	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition	
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>Scott W. Imray</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>SCOTT W. IMRAY</u> Treasurer		
Date: <u>25 Apr 05</u>			Daytime Phone #: <u>(904) 223-0089</u>		