## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NA

**SIGNATURE:** 

## Apr 02, 2004 8:00 am Secretary of State DOCUMENT # N95000000673 1. Entity Name 04-02-2004 90071 006 \*\*\*\*61.25 **ROTARY CLUB OF ORANGE PARK CHARITABLE** FOUNDATION, INC. Principal Place of Business Mailing Address 31 FOX VALLEY DR P.O. BOX 445 LIUUUII **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3303368 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRINGTON, TERESA CPA Street Address (P.O. Box Number is Not Acceptable) 1405 KINGLEY AVENUE ORANGE PARK FL 32073 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition EASTERLING, MARK NAME NAME 2351 BRIDGETTE WAY STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY - ST-- ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIFORD, HELEN E NAME NAME 2410 LORRIE DRIVE STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition KAELIN, JIM - - -NAME NAME 1715 VILLIAGE WAY STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP DITE □ Delete TITLE ☐ Change ☐ Addition FARALDO, DAVE NAME NAME 3828 WATERSIDE DR. STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32065 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ROBERTS, GERALD NAME NAME 3919 TIMUQUANA RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition YOUNG, KIRK H NAME NAME 2672 HOLLY POINT RD. WEST STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** 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

FILED

Daytime Phone #