


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002172 1. Entity Name ROTARY CLUB OF HUDSON, FLORIDA, U.S.A, EDUCATIONAL SCHOLARSHIP FUND, INC.	
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Principal Place of Business 12312 U.S. HIGHWAY 19 N. HUDSON, FL 34667	Mailing Address P.O. BOX 5321 HUDSON, FL 34674
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02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3380650

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 HAY, CEDRIC P 12312 U.S. HIGHWAY 19 N. HUDSON, FL 34667
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**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 reinstalling) 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

1000007447958
03/08/06-80077-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAGLIANO, JOSEPH 8941 SR 52 HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMERS, WILLIAM 8211 ST RD 52 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, CAROLLE 11905 OAK TR WAY PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLAND, SHEREE 4315 COLD HARBOR DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: William R. Demers WILLIAM R. DEMERS 2-28-06 727/862-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #