2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000921

Entity Name: ROTARY CLUB OF TAMPA EAST, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
11611 EAST OLD HLLSBOROUGH AVE. SEFFNER, FL 33584			
Current Mailing Address:		New Mailing Address:	
11611 EAST OLD HLLSBOROUGH AVE. SEFFNER, FL 33584			
FEI Number:	39-2898264 FEI Number Applied For() FEI Nu	mber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
COX, LAWRENCE T 11611 EAST OLD HILLSBOROUGH AVE. SEFFNER, FL 33584 US			
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.			
SIGNATURE:			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete LANEY, ROBERT L 12320 MCINTOSH ROAD THONOTOSASSA, FL	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition SLATE, ROBERT 8913 BOWLES RD TAMPA, FL 33637
Title: Name: Address: City-St-Zip:	TD () Delete GARRETT, ANGIE L 30052 EMMETTS COURT WESLEY CHAPEL, FL 33543	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition GAYLE, ROBSON 1707 S PARSONS AVE SEFFNER, FL 33594
Title: Name: Address: City-St-Zip:	PD () Delete CAMPBELL, COLIN 2608 SABLEWOOD DR. VALRICO, FL 33594	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CAMPBELL, COLIN 2608 SABLEWOOD DR. VALRICO, FL 33594
Title: Name: Address: City-St-Zip:	D (X) Delete LEMAR, DAVID A 1430 CROOKED STICK DR. VALRICO, FL 33594	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete MCPEAK, JIM 4723 DUNQUIN PLACE TAMPA, FL 33610	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition MCPEAK, JIM 4723 DUNQUIN PLACE TAMPA, FL 33610
Title: Name: Address: City-St-Zip:	SD () Delete BRACEWELL, TAMMY 2203 THOMPSON RD. LITHIA, FL 33547	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BRACEWELL, TAMMY 2203 THOMPSON RD. LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM MCPEAK PD 04/29/2004