

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000921

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ROTARY CLUB OF TAMPA EAST, INC.

**Current Principal Place of Business:**

11611 EAST OLD HILLSBOROUGH AVE.  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

11611 EAST OLD HILLSBOROUGH AVE.  
SEFFNER, FL 33584

**New Mailing Address:**

FEI Number: 39-2898264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COX, LAWRENCE T  
11611 EAST OLD HILLSBOROUGH AVE.  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

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:**

Title: TD ( ) Delete  
Name: SLATE, ROBERT  
Address: 8913 BOWLES RD  
City-St-Zip: TAMPA, FL 33637

Title: SD ( ) Delete  
Name: GAYLE, ROBSON  
Address: 1707 S PARSONS AVE  
City-St-Zip: SEFFNER, FL 33594

Title: D ( ) Delete  
Name: CAMPBELL, COLIN  
Address: 2608 SABLEWOOD DR.  
City-St-Zip: VALRICO, FL 33594

Title: PD ( ) Delete  
Name: MCPEAK, JIM  
Address: 4723 DUNQUIN PLACE  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: BRACEWELL, TAMMY  
Address: 2203 THOMPSON RD.  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID LEMAR, SR-TREASURER

CPA

04/26/2005

Electronic Signature of Signing Officer or Director

Date