2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# N96000001057

Entity Name: ROTARY CLUB OF CLEWISTON, INC.

Current Principal Place of Business:

1200 SAN LUIZ AVE.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 832
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDRY, JOSEPH M II
606 W. SUGARLAND HWY.
LABELLE, FL 33935 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:	SD	( ) Delete
Name:	WILSON, GARY D	
Address:	613 SABAL AVENUE	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	PD	( ) Delete
Name:	HARRIS, FRANK C	
Address:	P.O. BOX 1237	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	TORRES, RUBEN D	
Address:	834 CONCORDIA APT. 13	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	EGAN-WYER, SCOTT	
Address:	303 E. OSCEOLA AVE.	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	CHAMNESS, MARIA S	
Address:	1017 PONCE DE LEON AVE.	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	HOWELL, KELLY G	
Address:	300 S. BERNER ROAD	
City-St-Zip:	CLEWISTON, FL 33440	

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:		
Title:	D	(X) Change ( ) Addition
Name:	SMITH, GLENN A	
Address:	112 W. CIRCLE DR	
City-St-Zip:	CLEWISTON, FL 33440	

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: GLENN A SMITH D 09/06/2005
Electronic Signature of Signing Officer or Director — Date