

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004832

FILED
May 04, 2004
Secretary of State

Entity Name: ROTARY CLUB OF CELEBRATION FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

96 SUN BANK
650 CELEBRATION AVE.
CELEBRATION, FL 34747

New Principal Place of Business:

202 REDBUD STREET
CELEBRATION, FL 34747

Current Mailing Address:

P O BOX 470232
650 CELEBRATION AVE.
CELEBRATION, FL 34747 US

New Mailing Address:

P O BOX 470232
CELEBRATION, FL 347470232 US

FEI Number: 59-3006054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, LEVINSON
418 SYCAMORE ST.
CELEBRATION, FL 34747 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: D () Delete
Name: PAUL, LEVINSON
Address: 418 SYCAMORE ST.
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: ROGERS, CHARLES
Address: 415 ARBOR CT
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: GRAND, MARGARET
Address: 721 FRONT ST
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: NELSON, GARY
Address: 609 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

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: PAUL LEVINSON

TRES

05/04/2004

Electronic Signature of Signing Officer or Director

Date