

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004832**

1. Entity Name  
**ROTARY CLUB OF CELEBRATION FLORIDA  
FOUNDATION, INC.**



Principal Place of Business  
**202 REDBUD STREET  
CELEBRATION, FL 34747**

Mailing Address  
**P O BOX 470232  
CELEBRATION, FL 34747-0232 US**



01162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3006054**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DZLECHCIARZ, SHARON  
2400 QUAIL COVE CT.  
KISSIMMEE, FL 34744**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, CHARLES 415 ARBOR CT CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, GARY 609 FRONT STREET CELEBRATION, FL 34747
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U000000804901  
02/05/08-80086-023 61.25

**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:**

*Sharon Dzlechciarz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/08*  
Date

*407-301-7750*  
Daytime Phone #

*SHARON DZLECHCIARZ*