

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90074 044 \*\*\*\*61.25

**DOCUMENT # N97000007116**

1. Entity Name  
**THE ROTARY CLUB OF SAFETY HARBOR FOUNDATION, INC.**



Principal Place of Business  
**935 MAIN STREET  
D-1  
SAFETY HARBOR, FL 34695**

Mailing Address  
**935 MAIN STREET  
D-1  
SAFETY HARBOR, FL 34695**

90000107



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3481353**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**RABB, HARRY H  
935 MAIN STREET  
D-1  
SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent  
Name **PAUL S. HELBING**  
Street Address (P.O. Box Number is Not Acceptable)  
**14636 CORAL BERRY DR.**  
City **TAMPA** FL **33626**

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.  
**PAUL S. HELBING (TREASURER)**  
SIGNATURE *Paul S. Helbing* DATE **4-28-08**  
(NOTE: Registered Agent signature required when reinstating)

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

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

Make check payable to  
Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>RABB, HARRY H<br/>935 MAIN STREET, SUITE D1<br/>SAFETY HARBOR, FL 34695</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P D<br/>VINCENT KEITH<br/>111 PARK ST.<br/>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>RUSSELL, JEAN<br/>560 7TH STREET S<br/>SAFETY HARBOR, FL 34695</b> <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TD<br/>HELBING, PAUL S.<br/>14636 CORAL BERRY DR.<br/>TAMPA, FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>LARSEN, SUSAN<br/>1021 WOODCREST AVE<br/>SAFETY HARBOR, FL 34695</b> <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>RODE D<br/>O'CONNOR, RODERICK<br/>4789 AUGUSTA AVE.<br/>OLDSMAR, FL 34677</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>WILLIAMSON, TED<br/>935 MAIN ST.<br/>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: **PAUL S. HELBING (TREAS.)** *Paul S. Helbing* DATE **4-28-08** DAYTIME PHONE # **813-753-9627**