2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90181 046 ****61.25

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1. Entity Name
ROTARY CLUB OF HARBOR HEIGHTS - PEACE RIVER, INC.

Principal Place of Business	Mailing Address
1625 W MARION AVE SUITE 6 PUNTA GORDA, FL 33950	PO BOX 512718 PUNTA GORDA, FL 33951

04242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1133 BAL HARBOR BLVD	
Suite, Apt. #, etc.: SUITE 1135	Suite, Apt. #, etc.
City & State: PUNTA GORDA, FL	City & State
Zip: 33950 Country: CHARLOTTE	Zip Country

4. FEI Number: 91-1890218 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEVIA, JESUS M 126 NESBIT STREET PUNTA GORDA, FL 33950	Name: JOHNSON, LEONARD M Street Address (P.O. Box Number is Not Acceptable): 126 E. OLYMPIA AVENUE SUITE 300 City: PUNTA GORDA FL Zip Code: 33950

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: Leonard M. Johnson LEONARD M. JOHNSON, ESQ. 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEOFF, LORAH 3865 BORDEAUX DR PUNTA GORDA, FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEIST, DAN 1450 VISCAYA DR PORT CHARLOTTE, FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ CAPPIELLO, THOMAS 26146 RAMPART BLVD PUNTA GORDA, FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ HEITMAN, EUGENE 3221 DEPEW AVE PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERT, LEWIS 227 HARVEY ST PUNTA GORDA, FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAHER, CHRIS E P.O. Box 512718 PUNTA GORDA, FL 33951-2718	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DORIA, ORLANDO 24140 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Eugene P. Heitman Jr. EUGENE HEITMAN PRESIDENT 4/25/07 941-637-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #