2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
05-17-2004 90016 041 ****61.25

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1. Entity Name
THE ROTARY CLUB OF PLACIDA, FLORIDA, INC.

24076160

03062003 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
900 E. PINE STREET #126 ENGLEWOOD, FL 34223	900 E. PINE STREET #126 ENGLEWOOD, FL 34223

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0858683 ☐ 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
MURTHA, THOMAS E 4646 ARLINGTON DRIVE PLACIDA, FL 33946	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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 September 8, 2004

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	PD MURTHA, THOMAS E 4646 ARLINGTON DRIVE PLACIDA, FL 44946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURTHA, THOMAS E 4646 ARLINGTON DR. PLACIDA, FL 33946	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FALLIN, HOYT 7608 CASTLEBERRY TERR. ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLEN, GISELA 900 E. PINE ST.,#126 ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAYLOR, SHARON 900 E. PINE ST.,#126 ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, SHARON 900 E. PINE ST. #126 ENGLEWOOD, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORCORAN, BRIAN 100 N. GREEN DOLPHIN DR. CAPE HAZE, FL 33946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CYPHER, MARGARET 9413 GULFSTREAM BLVD. ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CYPHER, MARGARET 9413 GULFSTREAM BLVD. ENGLEWOOD, FL 34224	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: H.H. Fallin Hoyt FALLIN 5-13-04 941-698-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #