2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State
08-18-2005 90003 004 ****61.25

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

50062297

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

06292005 Chg-NP CR2E037 (10/03)

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 7, 2005

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 MURTHA, THOMAS E 4646 ARLINGTON DRIVE PLACIDA, FL 44946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 TD ROSE REDOVAN 1905 PENNSYLVANIA AVE ENGLEWOOD, FL 34224
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	D TAYLOR, SHARON 900 E. PINE ST.,#126 ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VPD TAYLOR, SHARON SAME
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 PD KENNETH BAUMHARDT 900 E PINE ST #126 ENGLEWOOD, FL 34223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CYPHER, MARGARET 9413 GULFSTREAM BLVD. ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DVP CYPHER, MARGARET SAME

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: Rose M Redovan ROSE M REDOVAN 8/15/05 941-697-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #