


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 024 ****61.25

DOCUMENT # N99000004973 1. Entity Name ROTARY CLUB OF SPRING HILL SCHOLARSHIP FUND, INC.					
Principal Place of Business 2518 EVENGLOW AVENUE SPRING HILL, FL 34609 US			Mailing Address 2518 EVENGLOW AVENUE SPRING HILL, FL 34609 US		
2. Principal Place of Business		3. Mailing Address P.O. Box 5737			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Spring Hill, FL		4. FEI Number 59-3740629	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34601		USA		01122005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent STEWART, JAMES D 2518 EVENGLOW AVENUE SPRING HILL, FL 34609				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHELLING, DOUGLAS <input checked="" type="checkbox"/> Delete 2 GRANDIFLORAS COURT HOMOSASSA, FL 34446				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD, PAUL <input type="checkbox"/> Delete 5299 SUWANNEE RD SPRING HILL, FL 34607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKULA, CAROL <input type="checkbox"/> Delete 4309 BLUEWATER AVE. SPRING HILL, FL 34606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDT, BRENDA <input type="checkbox"/> Delete 10052 HAYES STREET SPRING HILL, FL 34608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JAMES D <input type="checkbox"/> Delete 2518 EVENGLOW AVENUE SPRING HILL, FL 34609				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy Robinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11900 S. Oakview Avenue Floral City, FL 34432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Okula, Carol <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3520 Croaker Drive Spring Hill, FL 34607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 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 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: <u>Carol Okula</u> <u>Carol Okula</u> <u>1/12/05</u> <u>352</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					