#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 729086** 

Entity Name: ROTARY CLUB OF TARPON SPRINGS, INC.

FILED
Mar 25, 2021
Secretary of State
5771551456CC

# **Current Principal Place of Business:**

**408 LAUREL LANE** 

PALM HARBOR, FL 34683

## **Current Mailing Address:**

**POST OFFICE BOX 234** 

TARPON SPRINGS. FL 34688 US

FEI Number: 59-6209596 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

WIKLE, ROBIN 408 LAUREL LANE

PALM HARBOR, FL 34683 US

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.

SIGNATURE: ROBIN WIKLE 03/25/2021

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail :

Title	IMMEDIATE PAST PRESIDENT	Title	PRESIDENT
Name	DONOVAN, PAUL	Name	WIKLE, ROBIN
Address	858 BRIAR OAK COURT	Address	P.O. BOX 502

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34688

 Title
 VP
 Title
 TREASURER

 Name
 BROCK, CLIFF
 Name
 HATZIE, NATE

 Address
 512 AUSTIN DRIVE
 Address
 PO BOX 607

City-State-Zip: TARPON SPRINGS FL 34688 City-State-Zip: PALM HARBOR FL 34681

TitleSARGENT AT ARMSTitleSECRETARYNameDUBEY, CELIANameCULLU, VALERIEAddress1888 ALT 19SAddress426 INNESS DR

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR Title DIRECTOR

Name HADDAD, RON

Address 334 BAY STREET

Title DIRECTOR

Name SELLEW, ROGER

Address 967 BAYSHORE DR

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689

#### Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VALERIE CULLU SECRETARY 03/25/2021

### Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameCARBAUGH, DANNYNameCOLQUETTE, ERNIEAddress17049 RUSTLING WIND ROADAddress80 DEERPATH DRIVECity-State-Zip:BROOKSVILE FL 34064City-State-Zip:OLDSMAR FL 34677

Title DIRECTOR Title DIRECTOR

Name RUSSELL, JULIE Name DAVY, CHRISTINA

Address 937 DODECANESE BLVD Address 90 S HIGHLAND AVE 1104

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689-5377

Title DIRECTOR Title PRESIDENT-ELECT

NameALDERMAN, ROBERTNameBEAN, TEKOAAddress2643 BRINLEY DRIVEAddress1720 SUNKISSED DR

City-State-Zip: TRINITY FL 34655-5140 City-State-Zip: TARPON SPRINGS FL 34689

Title PRESIDENT-NOMINEE Title DIRECTOR

Name CARSON, SUSAN Name PENTRACK, DONNA

Address 1114 S FLORIDA AVE Address 1329 GULFVIEW WOODS LANE

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689