

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729086

Entity Name: ROTARY CLUB OF TARPON SPRINGS, INC.**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

04/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	CULLU, VALERIE
Address	426 INNESS DR
City-State-Zip:	TARPON SPRINGS FL 34688

Title	TREASURER
Name	RUSSELL, JULIE
Address	937 DODECANESE BLVD
City-State-Zip:	TARPON SPRINGS FL 34689

Title	VP
Name	BEAN, TEKOA
Address	1720 SUNKISSED DR
City-State-Zip:	TARPON SPRINGS FL 34689

Title	PRESIDENT, IPAST
Name	CARSON, SUSAN
Address	1114 S FLORIDA AVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	PRESIDENT
Name	PENTRACK, DONNA
Address	1329 GULFVIEW WOODS LANE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	DIRECTOR
Name	HOFFMAN, JR, EDWARD
Address	216 GEORGE STREET
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DIRECTOR
Name	TRASK, THOMAS
Address	127 DUNBRIDGE DRIVE
City-State-Zip:	PALM HARBOR FL 34684-3702

Title	SECRETARY
Name	HOLLAND, ABIGAIL
Address	1185 S PINELLAS AVE APT #4309
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**DIRECTOR**

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, ELECT
Name SMITH, MILTON
Address 1511 SEASPREAY LANE
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name GALLAGHER, KAREN
Address 33 CENTRAL CT
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name LUNDAHL, RICHARD
Address 9217 BRINDLEWOOD DR
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name HATZIE, NATE
Address PO BOX 607
City-State-Zip: CRYSTAL BEACH FL 34681

Title SERGEANT AT ARMS
Name WIKLE, WILLIAM
Address 3404 ALT 19 N
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name KOULIANOS, MARK
Address 624 BAYNARD DR
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name TURNER, JACQUI
Address 792 CHESAPEAKE DR
City-State-Zip: TARPON SPRINGS FL 34689