

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013054

Entity Name: KINGS BAY ROTARY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

550 N CITRUS AVE
CRYSTAL RIVER, FL 34428

Current Mailing Address:

P O BOX 27
CRYSTAL RIVER, FL 34423

FEI Number: 20-8164927

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAYLOR, BONNIE L
550 N CITRUS AVE
CRYSTAL RIVER, FL 34428 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: BONNIE L SAYLOR

03/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SAYLOR, BONNIE L
Address 6643 GILBERT TER.
City-State-Zip: LECANTO FL 34461

Title DIRECTOR
Name WILSEK, ED
Address 19 VINCA ST.
City-State-Zip: HOMOSASSA FL 34446

Title PRESIDENT
Name GOTTERUP, TOM
Address 6083 W FAIRHOPE CT
City-State-Zip: CRYSTAL RIVER FL 34429

Title SECRETARY
Name BRILEY, ELAINE
Address 550 N CITRUS AVE
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name CLYMER, GALEN
Address 550 N CITRUS AVE
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name LUCAS, WILFRED J
Address 550 N CITRUS AVE
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name ADKINS, GARRETT
Address 550 N CITRUS AVE
City-State-Zip: CRYSTAL RIVER FL 34428

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: BONNIE L SAYLOR

TREASURER

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date