"Amended"

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 756311

1. Entity Name
ROTARY CLUB OF ST. CLOUD, INC.

FILED
04-17-2006 90372 036 ****61.25
06 JUL 05 11:10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2995 REMINGTON BLVD KISSIMMEE, FL 34744 US	2995 REMINGTON BLVD KISSIMMEE, FL 34744 US

02282006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1014 Massachusetts AVe.	P.O. Box 702483
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FL	City & State: St. Cloud, FL
Zip: 34769 Country: Osceola	Zip: 34770 Country: Osceola

4. FEI Number: 59-2348477 ☐ 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
MCCONAHAY, RICHARD 5120 HELEN CT SAINT CLOUD, FL 34772	Name: Charlie Anderson Street Address (P.O. Box Number Is Not Acceptable): 1713 Juniper Circle City: St. Cloud FL **FL** Zip Code: 34769

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: Charlie Anderson 4/12/2006
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 May 1, 2006

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	PD MCCONAHAY, RICHARD 5120 HELEN CT ST CLOUD, FL 34772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Charlie Anderson 1713 Juniper Circle St. Cloud, FL 34769	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FARROW, MARK 3958 CORETTA COURT ST CLOUD, FL 34772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Pattie J. Burdick 330 Wisconsin, Ave. St. Cloud, FL 34769	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SC BURDICK, PATTY 330 WISCONSIN AVE. SAINT CLOUD, FL 34769	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Wendi Jeannin 3939 LaSalle Ave. St. Cloud, FL 34772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORSEY, C. THOMPSON 3948 CANOE CREEK ROAD SAINT CLOUD, FL 34769	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charlie Anderson 4/12/2006 407-892-7137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #