

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2005
Secretary of State**

DOCUMENT# N21366

Entity Name: LAKELAND NORTH ROTARY CLUB, INC.

Current Principal Place of Business:

500 SOUTH FLORIDA AVE
SUITE 800
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 362
LAKELAND, FL 338020362 US

New Mailing Address:

FEI Number: 59-2871460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCASTAR, JOHN J
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVERHART, JOHN
Address: 7849 HABERSHAM DR
City-St-Zip: LAKELAND, FL 33810

Title: VD () Delete
Name: SILCOX, MICHAEL
Address: 122 MARIS CT
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: HUGHES, EVELYN
Address: 701 SPICEWOOD DR
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: WATSON, MARK
Address: 5910 KOOTER ROAD
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: FEE, CHARLES
Address: 120 MORNINGSIDE DR
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: ZUBRYCKI, ROBERT
Address: 3507 BARLEY LANE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN EVERHART

PD

01/19/2005

Electronic Signature of Signing Officer or Director

Date