


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N21366**

1. Entity Name  
LAKELAND NORTH ROTARY CLUB, INC.



**FILED**  
07 AUG 16 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
500 SOUTH FLORIDA AVE  
SUITE 800  
LAKELAND, FL 33801

Mailing Address  
PO BOX 362  
LAKELAND, FL 33802-0362 US

2. Principal Place of Business - No P.O. Box #  
2125 Sleepy Hill Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 362  
Suite, Apt. #, etc.

City & State  
Lakeland FL

City & State  
Lakeland FL

Zip  
33810

Country  
USA

Zip  
33802-0362

Country  
USA



6. Name and Address of Current Registered Agent

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

4. FEI Number  
59-2871460

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name John A. Everhart

Street Address (P.O. Box Number is Not Acceptable)  
2125 Sleepy Hill Rd.

City Lakeland FL Zip Code 33810

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 *John A. Everhart* DATE 6/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$297.50**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD	EVERHART, JOHN <input type="checkbox"/> Delete
STREET ADDRESS 7849 HABERSHAM DR	
CITY-ST-ZIP LAKELAND, FL 33810	
TITLE VD	SILCOX, MICHAEL <input checked="" type="checkbox"/> Delete
STREET ADDRESS 122 MARIS CT	
CITY-ST-ZIP LAKELAND, FL 33809	
TITLE D	HUGHES, EVELYN <input type="checkbox"/> Delete
STREET ADDRESS 701 SPICEWOOD DR	
CITY-ST-ZIP LAKELAND, FL 33801	
TITLE D	WATSON, MARK <input checked="" type="checkbox"/> Delete
STREET ADDRESS 5910 KOOTER ROAD	
CITY-ST-ZIP LAKELAND, FL 33805	
TITLE D	FEE, CHARLES <input type="checkbox"/> Delete
STREET ADDRESS 120 MORNINGSIDE DR	
CITY-ST-ZIP LAKELAND, FL 33803	
TITLE D	ZUBRYCKI, ROBERT <input checked="" type="checkbox"/> Delete
STREET ADDRESS 3507 BARLEY LANE	
CITY-ST-ZIP LAKELAND, FL 33803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TR	Phil Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4523 Delmar Drive	
CITY-ST-ZIP Lakeland FL 33801	
TITLE D	Wally Totten <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 217 Chadwick Ct	
CITY-ST-ZIP Auburndale FL 33823	
TITLE D	Richard Munday <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4820 Lake Brisson Park Dr	
CITY-ST-ZIP Lakeland FL 33809	
300108191723 08/15/07--01029--011 **297.50	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *John A. Everhart* DATE: 6/15/07 863 859-7769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR