


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90018 004 ****61.25

| | |
|---|---|
| DOCUMENT # N97000003363 1. Entity Name THE ROTARY CLUB OF ORLANDO, INC. |  |
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| Principal Place of Business 32 W. GORE ST., SUITE 500 ORLANDO FL 32806 | Mailing Address 32 W. GORE ST., SUITE 500 ORLANDO FL 32806 |
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34068397



MOORE CR2E037 (11/03)

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| 2. Principal Place of Business 2100 Alden Road | 3. Mailing Address 2100 Alden Road |
| Suite, Apt. #, etc. Suite 200 | Suite, Apt. #, etc. Suite 200 |
| City & State Orlando, FL | City & State Orlando, FL |
| Zip 32803 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 59-0581956 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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|--|---|
| 6. Name and Address of Current Registered Agent SCHAFFER, MICHAEL 800 SO. ORLANDO AVENUE #100 MAITLAND, FL 32751 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DOUDNEY, DOUGLAS 1443 BUCKWOOD DRIVE ORLANDO FL 32806 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LOVELACE, ELLEN 1720 GLENCOE ROAD WINTER PARK FL 32789 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCHAFFER, MICHAEL 800 SO. ORLANDO AVENUE #100 MAITLAND FL 32751 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCEAU, JOHN C 83323 AMBER OAK DRIVE ORLANDO FL 32817 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PE SHEA, J DARRELL 818 OAK STREET ORLANDO FL 32804 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SEAY, RALEIGH F. 717 NO. MAGNOLIA AVENUE ORLANDO FL 32802 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PE W. Charles Shuffield 1000 Legion Place, # 1700 Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 record keeper 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: Ellen O. Lovelace 8-12-04 407-422-9686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #