

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757933

**Entity Name:** ROTARY CLUB OF ALTAMONTE SPRINGS, INC.

**Current Principal Place of Business:**

ALTAMONTE HILTON  
350 S. NORTHLAKE BLVD  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

P O BOX 162322  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 59-1879137

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CROWLEY, CAROLE L  
403 CHESTNUT AVE  
ALTAMONTE SPRINGS, FL 32701 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name MOFFETT, LAURA  
Address P.O. BOX 162322  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PRESIDENT  
Name WEINARD, TOM  
Address P.O. BOX 162322  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title TREASURER  
Name DARROCH, PETER  
Address P.O. BOX 162322  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PAST PRESIDENT  
Name KAUFFMAN, BECCA  
Address P.O. BOX 162322  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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:** TOM WEINARD

PRESIDENT

04/18/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date