

2021 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	SCHINDEHETTE, STEVE
Address	P O BOX 162322
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	TREASURER
Name	GRAVLIN, JENNIFER
Address	P O BOX 162322
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	PAST PRESIDENT
Name	FELICIANI, GINO
Address	P O BOX 162322
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	PRESIDENT
Name	HOWE, MIKE
Address	P O BOX 162322
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	EXECUTIVE SECRETARY
Name	CROWLEY, CAROLE
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: CAROLE CROWLEY**EXECUTIVE SECRETARY** 03/15/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date