

2019 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 ASHWORTH, JOHN
Address P O BOX 162322
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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

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

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

Title DIRECTOR
Name DICKENS, DAVE
Address P O BOX 162322
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name HOWE, MIKE
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: BRAD GIEDD**PRESIDENT****01/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date