

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006908

Entity Name: ROTARY CLUB OF THE VILLAGES - EVENING, INC.

Current Principal Place of Business:

1754 PENNECAMP DRIVE
THE VILLAGES, FL 32162

Current Mailing Address:

PO BOX 1509
LADY LAKE, FL 32158

FEI Number: 45-4908217

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN OSTRAN, KATHY
1754 PENNECAMP DRIVE
THE VILLAGES, FL 32162 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: KATHY VAN OSTRAN

03/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WEISS, HERMANN
Address 17513 SE 88TH COVINGTON CIRCLE
City-State-Zip: THE VILLAGES FL 32162

Title TREASURER
Name VAN OSTRAN, KATHY
Address 1754 PENNECAMP DRIVE
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name ROBEY, FRED
Address 1711 ST. JAMES CIRCLE
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name REED, THOMAS
Address 1384 CHATEAU WAY
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR, PRESIDENT
Name JOHNSON, CLAUS
Address 479 ARBELLA LANE
City-State-Zip: THE VILLAGES FL 32162

Title VP, DIRECTOR
Name LOSITO, JAMIE
Address 5037 NE 122ND ST.
City-State-Zip: OXFORD FL 34484

Title DIRECTOR
Name WILLETTE, CAROLYN
Address 17513 SE 88TH COVINGTON CIR.
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name RHODES, ROBERT M
Address 1501 BAYLOR PLACE
City-State-Zip: THE VILLAGES FL 32162

Continues on page 2

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: KATHY VAN OSTRAN

TREASURER

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TREAT, CARLTON
Address 2150 BLACKVILLE DR.
City-State-Zip: THE VILLAGES FL 32162