

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000006908

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

Current Principal Place of Business:

8335 SE 162ND ST
SUMMERFIELD , FL 34491

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:

JOHNSON, CLAUS
8335 SE 162ND ST.
SUMMERFIELD , FL 34491 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: CLAUS JOHNSON

06/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name IBERER, CAROLE
Address 2900 BONIFAY PATH
City-State-Zip: THE VILLAGES FL 32163

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

Title PRESIDENT
Name JOHNSON, CLAUS
Address 8335 SE 162ND ST
City-State-Zip: SUMMERFIELD FL 34491

Title PRESIDENT, ELECT
Name LOSITO, JAMIE
Address 4103 SE 10TH AVENUE
City-State-Zip: OCALA FL 34480

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

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

Title TREASURER
Name JASNEWSKI, KAREN
Address 1615 NAVIDAD STREET
City-State-Zip: THE VILLAGES FL 32162

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: CLAUS JOHNSON

PRESIDENT

06/06/2017

Electronic Signature of Signing Officer/Director Detail

Date