#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006908

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

FILED Mar 26, 2014 Secretary of State CC7486503245

## **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 03/26/2014

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title CDP Title D

Name LEWIS, DAVID Name ASHWORTH, MARY ANNE

Address 2911 RAIN LILLY LOOP Address 1304 BAEZ WAY

City-State-Zip: THE VILLAGES FL 32162 City-State-Zip: THE VILLAGES FL 32162

Title SD Title TREASURER

Name NODELMAN, IRA Name VAN OSTRAN, KATHY

Address 16926 SE 94TH SUNNYBROOK Address 1754 PENNECAMP DRIVE

CIRCLE

City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR

Name TURNER, JESSE
Name CARTER, KEN

Address 568 DEVONSHIRE WAY

Address 568 DEVONSHIRE WAY

City-State-Zip: THE VILLAGES FL 32162

City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR

Name VAN DE VELDE, DAVID

Address 2978 BONIFAY PATH City-State-Zip: THE VILLAGES FL 32162

City-State-Zip: THE VILLAGES FL 32163

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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: KATHY VAN OSTRAN TREASURER 03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name MILLER, WILLIAM Address 1304 BAEZ WAY

City-State-Zip: THE VILLAGES FL 32162