

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006908

**FILED**  
**Jan 23, 2017**  
**Secretary of State**  
**CC0818987447**

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

**Current Principal Place of Business:**

1615 NAVIDAD STREET  
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

01/23/2017

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 ASST. TREASURER  
Name VAN OSTRAN, KATHY  
Address 1754 PENNECAMP DRIVE  
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, PAST -PRESIDENT  
Name JOHNSON, CLAU  
Address 479 ARBELLA LANE  
City-State-Zip: THE VILLAGES FL 32162

Title PRESIDENT  
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

**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

ASSISTANT TREASURER 01/23/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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