

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004341

Entity Name: ROTARY CLUB OF DR. PHILLIPS FOUNDATION, INC.**Current Principal Place of Business:**3624 SERENA LANE
CLERMONT, FL 34711-5049**Current Mailing Address:**P.O. BOX 1381
WINDERMERE, FL 34786 US**FEI Number:** 82-1230183**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUTHANN DILAURI
7751 KINGSPONTE PKWY., #117
ORLANDO, FL 32819 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, DIRECTOR
Name STONE, BETHANY
Address PO BOX 1381
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name GOLDSTEIN, JOSEPH
Address PO BOX 1381
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name KAMRADA, M SALLY
Address PO BOX 1381
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name MURRAY, BECKY
Address PO BOX 1381
City-State-Zip: WINDERMERE FL 34786

Title TREASURER, DIRECTOR
Name VECCIA, DENNIS P
Address 3624 SERENA LANE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name HANLEY, MICHAEL
Address PO BOX 1381
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name FICKETT, ALAN
Address PO BOX 1381
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name JAMIESON, STEVEN A
Address P.O. BOX 1381
City-State-Zip: WINDERMERE FL 34786

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: DENNIS VECCIA**TREASURER****04/03/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PRESIDENT, DIRECTOR
Name	GALLOWAY, COLIN F
Address	P.O. BOX 1381
City-State-Zip:	WINDERMERE FL 34786