

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 8004 SOLITARE CT  
City-State-Zip: ORLANDO FL 32836

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

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

Title DIRECTOR  
Name HANLEY, MICHAEL  
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 FICKETT, ALAN  
Address PO BOX 1381  
City-State-Zip: WINDERMERE FL 32819

Title DIRECTOR  
Name MURRAY, BECKY  
Address PO BOX 1381  
City-State-Zip: WINDERMERE FL 32819

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

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*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: JOSEPH GOLDSTEIN**

**DIRECTOR**

**08/13/2019**

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