


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90025 010 ****61.25

DOCUMENT # 705058		
1. Entity Name THE ROTARY CLUB OF MAITLAND, FLORIDA, INC.		

Principal Place of Business BOX 941234 MAITLAND, FL 32794-1234 US	Mailing Address BOX 941234 MAITLAND, FL 32794-1234 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40000110



01162006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-6152303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLEMENTS, RICHARD 1610 KING ARTHUR CIRCLE MAITLAND, FL 32751		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, RICHARD A	NAME	
STREET ADDRESS	1610 KING ARTHUR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	PAST PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHURS, CAROLE	NAME	
STREET ADDRESS	3664 PERWINKLE DR.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRAGUE, DEAN	NAME	CAROLYN GALE
STREET ADDRESS	351 WHITE OAK CR.	STREET ADDRESS	145 S. ORLANDO AVE.
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELLEN, BOB	NAME	ANITA HOPE
STREET ADDRESS	1120 TOM GURNEY DR.	STREET ADDRESS	3210 CHIPPEWA TRAIL
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFFIN, ANTHONY	NAME	
STREET ADDRESS	829 SILVERSMITH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALNERAITIS, ROGER	NAME	
STREET ADDRESS	862 TOWN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Clements **RICHARD CLEMENTS** 5/1/06 407-644-0059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #