2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# 711427

Entity Name: ROTARY CLUB OF KISSIMMEE, FLORIDA,INC.

Current Principal Place of Business:

EVERYWHERE
KISSIMMEE, FL 347422185

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 422185
KISSIMMEE, FL 347422185

New Mailing Address:

FEI Number: 59-6152301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINEHART, JEFF
875 ABSHER LANE
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

ROBERTS, SANDRA L
22 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34747 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: SANDRA ROBERTS 02/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PP ( ) Delete
Name: GEMSKIE, NANCY
Address: 2510 JANET ST
City-St-Zip: KISSIMMEE, FL 34741

Title: P ( ) Delete
Name: GIELAROWSKI, JOHN
Address: 1756 GOLFVIEW DR
City-St-Zip: KISSIMMEE, FL 34746

Title: IP ( ) Delete
Name: APFELBAUM, DEBRA
Address: 1750 KING GEORGE DR
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete
Name: HENDERSON, DEBORAH
Address: 2850 CHRISTY LANE
City-St-Zip: KISSIMMEE, FL 34769

Title: T ( ) Delete
Name: ROBERTS, SANDRA
Address: 22 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

Title: PT (X) Delete
Name: RINEHART, JEFF
Address: 875 ABSHER LANE
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GIELAROWSKI, JOHN
Address: 1756 GOLFVIEW DR.
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Change ( ) Addition
Name: APFELBAUM, DEBRA
Address: 1750 KING GEORGE DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: IP (X) Change ( ) Addition
Name: WESTON, JIM
Address: 120 SIMPSON RD. UNIT B
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA ROBERTS TRES 02/13/2008
Electronic Signature of Signing Officer or Director Date