2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# 718821

Entity Name: WEST ORLANDO ROTARY CLUB, INC.

Current Principal Place of Business:

475 S. KIRKMAN RD.
P. O. BOX 393
ORLANDO, FL 32802

New Principal Place of Business:

Current Mailing Address:

475 S. KIRKMAN RD.
P. O. BOX 393
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-6211685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM
475 S. KIRKMAN RD.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: COLEMAN, WILLIAM,
Address: 475 S. KIRKMAN RD.
City-St-Zip: ORLANDO, FL 00000,

Title: D ( ) Delete
Name: CALHOON, WILLIAM
Address: 460 E. SEMORNY SUITE 104
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete
Name: GRIFFITH, AL,
Address: 475 S. KIRKMAN RD.
City-St-Zip: ORLANDO, FL 00000,

Title: D ( ) Delete
Name: AMBROSE, KARL,
Address: 475 S. KIRKMAN RD.
City-St-Zip: ORLANDO, FL 00000,

Title: D ( ) Delete
Name: CHUCK, MAYO,
Address: 475 S. KIRKMAN RD.
City-St-Zip: ORLANDO, FL 00000,

Title: D ( ) Delete
Name: HILL, BILL,
Address: 475 S. KIRKMAN RD.
City-St-Zip: ORLANDO, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ALBERT R. GRIFFITH TREA 04/09/2007

Electronic Signature of Signing Officer or Director — Date