

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719653

FILED
Apr 01, 2008
Secretary of State

Entity Name: ROTARY CLUB OF CYPRESS GARDENS, FLORIDA, INCORPORATED

Current Principal Place of Business:

250 AVE K, S.W.
SUITE 106
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 485
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-1350055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURR, DIANE J
250 AVE. K, S.W., SUITE 106
WINTER HAVEN, FL 33880 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: T () Delete
Name: DANIELS, DEBORAH
Address: 671 HART LAKE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: SOLOMON, CORRIE
Address: 303 ORANGE BLOSSOM DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: LOCKHART, STEVE
Address: 826 FIRST ST. S.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MAHALAK, MICHAEL
Address: 74 RYANN NICOLE CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: SIMPSON, JEFFREY
Address: 212 LAKE LINK RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: O'SHEA, MARILYN
Address: PO BOX 7608
City-St-Zip: WINTER HAVEN, FL 33882

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SIMPSON, JEFF
Address: 106 SECURITY SQ
City-St-Zip: WINTER HAVEN, FL 33880

Title: P (X) Change () Addition
Name: HADDEN, CARL
Address: 5664 CYPRESS GARDENS BLVD SE
City-St-Zip: WINTER HAVEN, FL 33884

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

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

Title: S (X) Change () Addition
Name: BURR, DIANE
Address: 595 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

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: DIANE BURR

S

04/01/2008

Electronic Signature of Signing Officer or Director

Date