

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720091

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE ROTARY CLUB OF SEMINOLE COUNTY SOUTH, INC.

Current Principal Place of Business:

103 COVER RIDGE LANE
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 160306
ALTAMONTE SPRINGS, FL 327167306

New Mailing Address:

FEI Number: 23-7049831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, REGIS
103 COVER RIDGE LANE
LONGWOOD, FL 32779 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: DAVIS, REGIS
Address: 103 COVER RIDGE LANE
City-St-Zip: LONGWOOD, FL

Title: PD () Delete
Name: HAWKINS, CAROL
Address: 1531 BRAEWICK ST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: STACK, BILL
Address: 1720 NORTH ST
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: WILLIAMS, JOE
Address: 504 PRESSVIEW AVE
City-St-Zip: LONGWOOD, FL 32750

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

Title: PED () Change (X) Addition
Name: JIM, DEKLEVA
Address: 108 ROBIN ROAD, STE 2002
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Change (X) Addition
Name: BILL, POTTER
Address: 1569 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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: BILL STACK, TREASURER

TD

01/12/2009

Electronic Signature of Signing Officer or Director

Date