

# 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