2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT #727938** 01-12-2004 90003 027 ****61.25 1. Entity Name ROTÁRY CLUB OF MOUNT DORA, INC. Principal Place of Business Mailing Address 44000674 P.O. BOX 111 P./O. BOX 111 MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-6209560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARR, JEAN B Street Address (P.O. Box Number is Not Acceptable) 205 E. THIRD AVE MT. DORA, FL 32757 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE TITLE Defete WITTNEROERT, AL NAME NAME Po Box N STREET ADDRESS PO BOX 111 STREET ADDRESS MOUNT CiTY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition KARR, JEAN B NAME NAME STREET ADDRESS 205 E. THIRD STREET ADDRESS MT. DORA, FL 32757 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE ELLIOTT, RUSSELL, T NAME 590 CHAUTAUQUA DRIVE STREET ADDRESS STREET ADDRESS MOUNT DORA, FL 32757 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition KAISER, BOB NAME NAME STREET ADDRESS PO BOX 111 STREET ADDRESS MT. DORA, FL 32756 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE _____ Addition HOLT, COLEMAN NAME NAME STREET ADDRESS PO BOX 111 STREET ADDRESS 3ユフダ6 MOUNT DORA, FL 32757 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete GORDON, C. HEYWOOD NAME NAME 6712 OSWEGO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MT. DORA, FL 32757 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

JEAN B.KARR

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 12, 2004 8:00 am

352-735-226 2

Daytime Phone #