2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR):

SIGNATURE:

Feb 12, 2008 8:00 am **DOCUMENT # 727938 Secretary of State** 02-12-2008 90012 015 ****61.25 ROTARY CLUB OF MOUNT DORA, INC. Principal Place of Business Mailing Address P./O. BOX 111 MOUNT DORA FL 32757 P.O. BOX 111 MOUNT DORA FL 32757 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 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) 1981 PARK FOREST BLVD MT. DORA FL 32757 Zip Code 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. dior printed name of registered agent such title diapphonaic (NOTE: Registered Agent signature required when roinstaung) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete KARR, JEAN B NAME NAME STREET ADDRESS 1981 PARK FOREST BLVD STREET ADDRESS MT. DORA FL 32757 CITY-ST-ZIP CITY-ST-ZIP X1 Addition Delate Change TITLE BROOKS, BILL John rease NAME 1 3345 Oak Cluster 1255 MAGNOLIA FARMS CT STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP SORRENTO TL 32776 Change_ VP □.Dolate --___ Addition TITLE TITLE KAISER, ROBERT NAME NAME 1380 SKYLINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVARES FL 32778 CITY - ST - ZIP ☐ Delete Change Addition TITLE TITLE ELLIOTT, R TED STREET ADDRESS 1051 S HIGHLAND 7B STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

352-735-2262

FILED