

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729060

FILED
Jan 19, 2006
Secretary of State

Entity Name: AUBURNDALE ROTARY CLUB, INCORPORATED

Current Principal Place of Business:

AUBURNDALE REC CENTER
P.O. BOX 711
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

AUBURNDALE REC CENTER
P.O. BOX 711
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-6142943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPHAIL, SONDRA
1967 FOXHOLLW DRIVE EAST
AUBURNDALE, FL 33823 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: DVP () Delete
Name: MCCRARY, MIKE
Address: 123 LAKEVIEW DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: P () Delete
Name: GREEN, SUSAN
Address: 324 SPRINGLAKE SQUARE
City-St-Zip: WINTER HAVEN, FL 33881

Title: DT () Delete
Name: PATE, DWIGHT H
Address: 750 FISHER LANE
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: BOCKOVER, JAMES
Address: P O BOX 1321
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: LEWIS, JIM
Address: 797 LAKE JESSIE DR, NW
City-St-Zip: WINTER HAVEN, FL

Title: S () Delete
Name: MCPHAIL, SANDRA
Address: 1967 FOXHOLLOW DR. E
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCRARY, MIKE
Address: 123 LAKEVIEW DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: DVP (X) Change () Addition
Name: MCCRARY, MARILYN
Address: 123 LAKEVIEW DR.
City-St-Zip: AUBURNDALE, FL 33823

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DWIGHT H. PATE

DR.

01/19/2006

Electronic Signature of Signing Officer or Director

Date