

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729060

FILED  
Jan 29, 2007  
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:**

AUBURNDALE REC CENTER  
PARK STREET  
AUBURNDALE, FL 33823

**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, SONDR  
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: P ( ) Delete  
Name: MCCRARY, MIKE  
Address: 123 LAKEVIEW DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

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

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: ( ) 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:

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

DT

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date