


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90028 027 ****61.25

DOCUMENT # 733887			
1. Entity Name ROTARY CLUB OF LAKE PLACID, FLORIDA, INCORPORATE			
Principal Place of Business P. O. BOX 312 LAKE PLACID, FL 33862-0312		Mailing Address P. O. BOX 312 LAKE PLACID, FL 33862-0312	
2. Principal Place of Business - No P.O. Box # 312 W. Interlake Ave.		3. Mailing Address Suite, Apt. #, etc.	
City & State Lake Placid, FL		City & State	
Zip 33852	Country USA	Zip	Country
6. Name and Address of Current Registered Agent COVE, ROBERTA 1747 PINEDALE TERRACE LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE: <u>Roberta Cove</u> DATE: <u>1/17/07</u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHURCH, NORMAN 516 WASHINGTON BLVD LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Church Norman 51 Lake Gardens Dr. Lake Placid, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPP, LARRY 624 U.S. HWY 27 SOUTH LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, NANCY 417 U.S. HWY 27 SOUTH LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Celap, Roberto 411 S. Eucalyptus St. Sebring, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEEHAN, TIMOTHY 401 DAL HALL BLVD. LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COVE, ROBERTA 1747 PINEDALE TERRACE LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WORLEY, DEBRA 380 E. INTERLAKE BLVD LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bryon Derrel 3294 Popinjay Ave Lake Placid, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <u>Roberto Celap</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/19/07</u> Daytime Phone #: <u>887 402 6549</u>	

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01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1713201 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required