


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 738209</b> 1. Entity Name <b>ROTARY CLUB OF ORLANDO SOUTH, INC.</b>	
---	---

Principal Place of Business <b>3531 COUNTRY LKS DR ORLANDO, FL 32812 US</b>	Mailing Address <b>3531 COUNTRY LKS DR ORLANDO, FL 32812 US</b>
--	--



02062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1762245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BAINES, RICHARD A  
3531 COUNTRY LKS DR  
ORLANDO, FL 32812**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U000000632383  
02/21/07-80019-025 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAINES, RICHARD 3531 COUNTRY LKS DR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLEROY, ROBINETTE 5203 PLEASURE ISLAND RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, HERBERT 14159 SNEED CIR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, KATHY 12408 BRAXTED DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY, CLINARD 4831 RUMMELL ROAD ST. CLOUD, FL 34771

**DO NOT WRITE  
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

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:** *Mary M. Clinard* *Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/07*  
Date

*401-552-5052*  
Daytime Phone #