

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738209

FILED
Feb 25, 2009
Secretary of State

Entity Name: ROTARY CLUB OF ORLANDO SOUTH, INC.

Current Principal Place of Business:

3531 COUNTRY LKS DR
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

3531 COUNTRY LKS DR
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 20-1762245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAINES, RICHARD A
3531 COUNTRY LKS DR
ORLANDO, FL 32812 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: D () Delete
Name: BAINES, RICHARD
Address: 3531 COUNTRY LKS DR.
City-St-Zip: ORLANDO, FL 32812

Title: P () Delete
Name: BARNES, TREY
Address: 3237 WICKERSHAM CT
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: BONFIGLIO, ANDREW
Address: 431 E. CENTRAL BLVD. APT 716
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: FERREIRA, FELIPE
Address: 945 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ANNILLO, REBECCA
Address: 4190 MILLENIA BLVD
City-St-Zip: ORLANDO, FL 32839

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

I hereby certify that the information supplied with this filing does not qualify 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: TREY BARNES

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date