2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746409

FILED Apr 29, 2005 Secretary of State

Entity Name: ROTARY CLUB OF LAKE BUENA VISTA, INC.

Current Principal Place of Business: New Principal Place of Business: 1675 BUENA VISTA BLVD P O BOX 22033 LAKE BUENA VISTA, FL 32830 **New Mailing Address: Current Mailing Address:** 1675 BUENA VISTA BLVD P O BOX 22033 LAKE BUENA VISTA, FL 32830 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, PHIL 4031 SALMON DRIVE ORLANDO, FL 32811 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GRIGSBY, DAWN EBELTOFT-BANCALARI, CHRISTINE Name: Name: 622 CYPRESS COURT Address: 9783 LAKE GEORGIA DR Address: City-St-Zip: SAINT CLOUD, FL 34769 US City-St-Zip: ORLANDO, FL 32817 US Title: Title: (X) Change () Addition () Delete EBELTOFT-BANCALARI, CHRISTINE Name: YOUNGS, ERIN Name: Address: 9783 LAKE GEORGIA DRIVE Address: 1715 OAKMONT LANE City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: ORLANDO, FL 32804 US Title: () Delete Title: () Change () Addition BOARDMAN, HARRY Name: Name: 8986 ISLEWORTH CT Address: Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PEACH, ANNE Name: HEMPHILL, SHERRY 7146 SHADY WOOD LANE Address: Address: UNIT 533, 1212 S. HIAWASSEE RD. City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: ORLANDO, FL 32835 US Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

CALVERT, JEFFREY

ORLANDO, FL 32819

8049 OLD TOWN DRIVE

() Change () Addition

SIGNATURE: PHYLLIS BYLES-SMITH SEC 04/29/2005

CALVERT, JEFFREY

ORLANDO, FL 32819

1715 OAKMONT LANE

ORLANDO, FL 32804

TRABEL FRIN

8049 OLD TOWN DRIVE

(X) Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: