2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746409

FILED Apr 19, 2007 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 2000 HOTEL PLAZA BLVD LAKE BUENA VISTA, FL 32830 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 32835 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition YOUNGS, ERIN GRIGSBY, DAWN Name: Name: 1715 OAKMONT LANE Address: 622 CYPRESS CT Address: City-St-Zip: ORLANDO, FL 32804 US City-St-Zip: ST. CLOUD, FL 34769 US

Title: () Delete Title: () Change () Addition

BUONCERVELLO, SONNY Name: Name: Address: 215 CELEBRATION PLACE STE 190 Address: City-St-Zip: CELEBRATION, FL 34747 US City-St-Zip:

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: NEIBERT, JERRY Name: POULIOT, TOM 9921 NOKAY DRIVE 141 EASTPARK DR Address: Address:

City-St-Zip: ORLANDO, FL 32836 US City-St-Zip: CELEBRATION, FL 34747 US

Title: () Delete Title: (X) Change () Addition

COOPER, EILEEN COOPER, EILEEN Name: Name: 4259 CONWAY PLACE CIR 4259 CONWAY PLACE CIR Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 US

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: EILEEN COOPER Т 04/19/2007