


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90048 016 \*\*\*\*61.25

<b>DOCUMENT # 747510</b>	
1. Entity Name <b>THE ROTARY CLUB OF LONGWOOD, FLORIDA, INC.</b>	

Principal Place of Business <b>POST OFFICE BOX 915401 LONGWOOD FL 32791</b>	Mailing Address <b>POST OFFICE BOX 915401 LONGWOOD FL 32791</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-1902431</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>ANZIVINO, CARMEN A. 135 LAUREL OAK DR LONGWOOD FL 32779</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 *Carmen Anzivino* 2/4/07  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>JEFFRE, PAWLACK</b> <b>1749 WALNUT AVE</b> <b>UMATILLA FL 32784</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CARLEN, CARIE</b> <b>521 BOVERGS AVE</b> <b>ALTAMONTE SPRINGS FL 32714</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JAMES, OWEN</b> <b>1770 ALAQUA LAKES BLVD</b> <b>LONGWOOD FL 32779</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HUGHES, BARBARA</b> <b>2295 S. GRANDVIEW AVE.</b> <b>SANFORD FL 32771</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DOTHEROW, DAVID</b> <b>65 N ORANGE AVENUE</b> <b>ORLANDO FL 32801</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>ROBINSON, WILLIAM C</b> <b>659 TAM COURT</b> <b>WINTER SPRINGS FL 32708</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Alan Singer</b> <b>222 Tollgate Trail</b> <b>Longwood, FL 32750</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Dave Parker</b> <b>141 Shadow Trail</b> <b>Longwood, FL 32750</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Craig Conlon</b> <b>1414 W. Marvin St.</b> <b>Longwood, FL 32750</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Raul Vargas</b> <b>4898 Sweet Cedar Circle</b> <b>Orlando, FL 32829</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William C. Robinson* William C. Robinson 2-5-07 407.699.4413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #