

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757933

FILED
Jan 05, 2006
Secretary of State

Entity Name: THE ROTARY CLUB OF ALTAMONTE SPRINGS-FOREST CITY, INC.

Current Principal Place of Business:

MERRILL GARDENS AT LAKE ORIENTA
217 BOSTON AVE.
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 162322
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-1879137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWLEY, CAROLE L
403 CHESTNUT AVE
ALTAMONTE SPRINGS, FL 32701 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: PPD () Delete
Name: ORTH, WILLIAM
Address: P.O. BOX 2322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: PD () Delete
Name: WALKER, JOHN
Address: P.O. BOX 2322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: TD () Delete
Name: GRAVLIN, JENNIFER
Address: P.O. BOX 2322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: SD () Delete
Name: NEW, TERRI
Address: P.O. BOX 2322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: VPD () Delete
Name: CROWLEY, CAROLE L
Address: 403 CHESTNUT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: ORTH, WILLIAM
Address: P.O. BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: PD (X) Change () Addition
Name: WALKER, JOHN
Address: P.O. BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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

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

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

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: JENNIFER GRAVLIN

TD

01/05/2006

Electronic Signature of Signing Officer or Director

Date