2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 757933

Entity Name: ROTARY CLUB OF ALTAMONTE SPRINGS, 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: WALKER, JOHN
Address: P.O. BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: PD ( ) Delete
Name: CROWLEY, CAROLE L
Address: P.O. BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: TD ( ) Delete
Name: GRAVLIN, JENNIFER
Address: P.O. BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: SD ( ) Delete
Name: BOSWELL, APRIL
Address: P.O. BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: VPD ( ) Delete
Name: CROFTS, MICHAEL
Address: PO BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: CROWLEY, CAROLE L
Address: P.O. BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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

Title: SD (X) Change ( ) Addition
Name: FRYE, KAREN
Address: P.O. BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: VPD (X) Change ( ) Addition
Name: SUMMERS, ROBERT
Address: PO BOX 162322
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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: JENNIFER GRAVLIN TD 01/08/2008

Electronic Signature of Signing Officer or Director — Date