

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757933

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** ROTARY CLUB OF ALTAMONTE SPRINGS, INC.

**Current Principal Place of Business:**

ALTAMONTE HILTON  
350 S. NORTHLAKE BLVD  
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: VP  
Name: FRYE, KAREN  
Address: P.O. BOX 162322  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: SD  
Name: CASTALDI, ROBERT  
Address: P.O. BOX 162322  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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

Title: VPD  
Name: WASHBURN, JAMES  
Address: P.O. BOX 162322  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: PD  
Name: PUCCIO, ANTHONY  
Address: PO BOX 162322  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER GRAVLIN

TD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date