


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM -
Secretary of State**

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| DOCUMENT # 759912 1. Entity Name ROTARY CLUB OF LAKE MARY, INC. (MEMBER OF ROTARY INTERNATIONAL) |  |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business P O BOX 950535 LAKE MARY, FL 32746 | Mailing Address P O BOX 950535 LAKE MARY, FL 32746 |
|----------------------------------------------------------------------|----------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01292006 No Chg-NP CR2E037 (11/05)

| | |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number 59-1709599 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LOE, BRIAN R ATTORNE
3074 WEST LAKE MARY BLVD
SUITE 136
LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


| | | |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000413907 02/11/06-80013-011 61.25 |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------|

10. OFFICERS AND DIRECTORS

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|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BURKE, WILLIAM 119 ROSE BRIAR DRIVE LONGWOOD, FL 32750 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WHITEFIELD, TIM 801 E SR 434 LONGWOOD, FL 32750 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STEWART, DON 80 HUNTER'S TRAIL LONGWOOD, FL 32776 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZIEBARTH, MARK 2610 ARDSLEY DRIVE ORLANDO, FL 32804 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Mark W. Ziebarth** **1-29-06** **407-474-5510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #