



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90018 005 \*\*\*\*61.25

|   |  |  |  |   |                                      |           |          |
|---|--|--|--|---|--------------------------------------|-----------|----------|
| <b>DOCUMENT # 759912</b>  |  |  |  |                |                                      |           |          |
| 1. Entity Name<br><b>ROTARY CLUB OF LAKE MARY, INC. (MEMBER OF ROTARY INTERNATIONAL)</b>  |  |  |  |   |                                      |           |          |
| Principal Place of Business<br><b>135 INTERNATIONAL PARKWAY<br/>         COURTYARD BY MARRIOTT<br/>         HEATHROW, FL 32746</b>  |  |  | Mailing Address<br><b>P O BOX 950535<br/>         LAKE MARY, FL 32795</b>      |   |                                      |           |          |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address   |  |   |                                      |           |          |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |                                      |           |          |
| City & State  |  | City & State   |  |   |                                      |           |          |
| Zip   | Country                                      | Zip  | Country  | 4. FEI Number<br><b>59-1709599</b>  |                                      |           |          |
|   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |                                      |           |          |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                                      |           |          |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent                                    |   |                                      |           |          |
| <b>LOE, BRIAN R ATTORNE<br/>         3074 WEST LAKE MARY BLVD<br/>         SUITE 136<br/>         LAKE MARY, FL 32746</b>   |  |  | Name   |   |                                      |           |          |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable)                             |   |                                      |           |          |
|   |  |  | City   |   |                                      | <b>FL</b> | Zip Code |
|   |  |  |  |   |                                      |           |          |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |                                      |           |          |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |                                      |           |          |
|   |  |  |  | <b>Make check payable to Florida Department of State</b>  |                                      |           |          |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                          |   |                                      |           |          |
| TITLE   | P <input type="checkbox"/> Delete            | TITLE  | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                      |           |          |
| NAME  | SKWARLO, BRUCE                               | NAME   |  |   |                                      |           |          |
| STREET ADDRESS  | 1501 INTERNATIONAL PARKWAY                   | STREET ADDRESS   |  |   |                                      |           |          |
| CITY-ST-ZIP   | HEATHROW, FL 32746                           | CITY-ST-ZIP  |  |   |                                      |           |          |
| TITLE   | T <input type="checkbox"/> Delete            | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                      |           |          |
| NAME  | WHITEFIELD, TIM                              | NAME   | <b>Whitefield Tim</b>  |   |                                      |           |          |
| STREET ADDRESS  | 801 E SR 434                                 | STREET ADDRESS   | <b>1947 Long Pond Drive</b>  |   |                                      |           |          |
| CITY-ST-ZIP   | LONGWOOD, FL 32750                           | CITY-ST-ZIP  | <b>Longwood, FL 32779</b>  |   |                                      |           |          |
| TITLE   | D <input checked="" type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |   |                                      |           |          |
| NAME  | STEWART, DON                                 | NAME   |  |   |                                      |           |          |
| STREET ADDRESS  | 80 HUNTER'S TRAIL                            | STREET ADDRESS   |  |   |                                      |           |          |
| CITY-ST-ZIP   | LONGWOOD, FL 32776                           | CITY-ST-ZIP  |  |   |                                      |           |          |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                      |           |          |
| NAME  | ZIEBARTH, MARK                               | NAME   | <b>T</b>   |   |                                      |           |          |
| STREET ADDRESS  | 2610 ARDSLEY DRIVE                           | STREET ADDRESS   |  |   |                                      |           |          |
| CITY-ST-ZIP   | ORLANDO, FL 32804                            | CITY-ST-ZIP  |  |   |                                      |           |          |
| TITLE   | S <input type="checkbox"/> Delete            | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                      |           |          |
| NAME  | VERNON, MIKE                                 | NAME   | <b>633 Chotas Ct.</b>  |   |                                      |           |          |
| STREET ADDRESS  | 1501 INTERNATIONAL PARKWAY                   | STREET ADDRESS   | <b>Lake Mary, FL 32746</b>   |   |                                      |           |          |
| CITY-ST-ZIP   | HEATHROW, FL 32746                           | CITY-ST-ZIP  |  |   |                                      |           |          |
| TITLE   | <input type="checkbox"/> Delete              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |   |                                      |           |          |
| NAME  |  | NAME   |  |   |                                      |           |          |
| STREET ADDRESS  |  | STREET ADDRESS   |  |   |                                      |           |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |  |   |                                      |           |          |
| 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:   |  |  | Date: <b>2-25-08</b>   |   | Daytime Phone #: <b>407 992-3767</b> |           |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date   |   | Daytime Phone #                      |           |          |