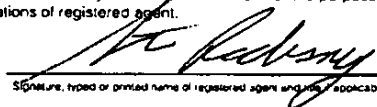
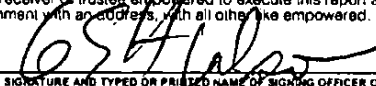


FILED
May 30, 2007 8:00 am
Secretary of State

04-27-2007 90204 013 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 767590			
1. Entity Name ROTARY CLUB OF ORANGE PARK, FLORIDA, INC.			
Principal Place of Business P O BOX 445 ORANGE PARK, FL 32067-7445		Mailing Address P O BOX 445 ORANGE PARK, FL 32067-7445	
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 23-7140673		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRINGTON, TERESA CPA 1405 KINGSLEY AVE ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name STEVEN RODESNEY, CPA. Street Address (P.O. Box Number is Not Acceptable) 767 Blanding Blvd. #103 Orange Park, FL 32065 City FL 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  DATE 5-14-2007 SIGNATURE, typed or printed name of registered agent and/or applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE HARRINGTON, TERESA 358 STILES AVE ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSON, GARLAND PO BOX 460 ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS Hudson ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP KAELIN, JIM D 1715 VILLAGE WAY ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE GARY G. SMITH 3804 WATERSIDE DR. ORANGE PARK, FL 32073 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, GERALD S. 605 WELLS RD ORANGE PARK, FL 320672099 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUDSON, WILLIAM 2688 FOXWOOD ROAD SOUTH ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESTON MARCUS 2297 STOCKTON DR. GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARALDO, DAVE 3828 WATERSIDE DR. ORANGE PARK, FL 32065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL Y. STUDDARD 965 SANDPIPER LANE ORANGE PARK, FL 32073 ☒ Change ☐ Addition
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 5/24/07 Pms SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			