## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## **Secretary of State DOCUMENT #769096** 03-26-2007 90050 008 \*\*\*\*61.25 1. Entity Name ROTÁRY CLUB OF LAKE WALES BREAKFAST, INC. Principal Place of Business Mailing Address C/O MARK H. SMITH P 0 BOX 1260 225 EAST PARK AVE. 225 EAST PARK AVE. LAKE WALES, FL 33853 LAKE WALES, FL 33859 HS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 225 East Park Avenue 1313 POB Suite, Apt. #, etc. 03202007 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-2301594 City & State City & State Lake Wales Lake Wales Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, MARK H. 225 E. PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) LAKE WALES, FL 33853. City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Delete ☐ Addition TITLE TITLE SHIELDS, BOBBIE Shields, Robbie NAME NAME 3570 Silver Oak Court P.O. BOX 1111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 338591111 CITY-ST-ZIP Lake Wales, FL 33898 TITLE ☐ Delete TITLE Change ■ Addition **FALCHETTI. ERICA** NAME NAME STREET ADDRESS **421 E HILLCREST** STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33853 CITY-ST-ZIP DS TITLE ☐ Delete TITLE [☐ Change ■ Addition windham, Keith WINDHAM, KEITH NAME NAME 1046 Santa Mona Rd. STREET ADDRESS **EAST AREA ADULT SCHOOL** STREET ADDRESS CDY-ST-7P AUBURNDALE, FL 33823 CITY-ST-7IP Lake Wales, FL 33853 Delete DVP ☐ Change Addition TITLE TITLE wilson, Pamela 200 S. 4th St., Apt. 6 REDMON, WENDY NAME NAME STREET ADDRESS PO BOX 766 STREET ADDRESS LAKE WALES, FL 33853 CITY-ST-7IP CITY-ST-ZIP Lake Wales, FL 33853 Addition TITLE To Thelete TILLE ☐ Change SMITH, MARK Welch, Timothy NAME 430 Marietta St STREET ADDRESS P.O. BOX 1260 STREET ADDRESS LAKE WALES, FL 338591260 Lake Wales, FL 33853 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

FILED

Mar 26, 2007 8:00 am

863.676.6000