


FILED
Mar 26, 2007 8:00 am
Secretary of State

DOCUMENT # 769096			
1. Entity Name ROTARY CLUB OF LAKE WALES BREAKFAST, INC.			
Principal Place of Business C/O MARK H. SMITH 225 EAST PARK AVE. LAKE WALES, FL 33853		Mailing Address P O BOX 1260 225 EAST PARK AVE. LAKE WALES, FL 33859 US	
2. Principal Place of Business - No P.O. Box # 225 East Park Avenue Suite, Apt. #, etc.		3. Mailing Address POB 1313 Suite, Apt. #, etc.	
City & State Lake Wales, FL Zip 33853 Country		City & State Lake Wales, FL Zip 33859 Country	
6. Name and Address of Current Registered Agent SMITH, MARK H. 225 E. PARK AVENUE LAKE WALES, FL 33853 Name Street Address City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP SHIELDS, BOBBIE P.O. BOX 1111 LAKE WALES, FL 338591111 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD FALCHETTI, ERICA 421 E HILLCREST LAKE WALES, FL 33853 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD WINDHAM, KEITH EAST AREA ADULT SCHOOL AUBURNDAL, FL 33823 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P REDMON, WENDY PO BOX 766 LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SMITH, MARK P.O. BOX 1260 LAKE WALES, FL 338591260 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP DP Shi 357 Lake DT DS Win 104 Lake DVP Wil 200 Lake DPE We 430 Lake			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the regulations of the Department of Banking and Finance, and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61, F.S., had changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			