

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769096

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** ROTARY CLUB OF LAKE WALES BREAKFAST, INC.

**Current Principal Place of Business:**

225 EAST PARK AVE.  
LAKE WALES, FL 33853

**New Principal Place of Business:**

237 GOLDEN BOUGH RD  
LAKE WALES, FL 33898

**Current Mailing Address:**

P O BOX 1313  
LAKE WALES, FL 33859 US

**New Mailing Address:**

**FEI Number:** 59-2301594      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, MARK H.  
225 E. PARK AVENUE  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

BORNEMANN, STEPHEN K  
237 GOLDEN BOUGH RD  
LAKE WALES, FL 33898 US

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.

SIGNATURE: STEPHEN K BORNEMANN

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPE ( ) Delete  
Name: JOHNSIE, MCALISTER  
Address: 1009 NORTH TOWER LN.  
City-St-Zip: LAKE WALES, FL 33853

Title: DTVP ( ) Delete  
Name: FALCHETTI, ERICA  
Address: 720 CURRAN ST.  
City-St-Zip: LAKE WALES, FL 33853

Title: DS ( ) Delete  
Name: SHAFER, SUE  
Address: 1946 CAPPES RD  
City-St-Zip: LAKE WALES, FL 33898

Title: DP ( ) Delete  
Name: WELCH, TIMOTHY  
Address: 430 MARIETTA STREET  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: JOHNSIE, MCALISTER  
Address: 1009 NORTH TOWER LN.  
City-St-Zip: LAKE WALES, FL 33853

Title: DT (X) Change ( ) Addition  
Name: BORNEMANN, STEPHEN K  
Address: 237 GOLDEN BOUGH RD  
City-St-Zip: LAKE WALES, FL 33898

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DPE (X) Change ( ) Addition  
Name: CLARK, MARK  
Address: 237 GOLDEN BOUGH RD  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN K BORNEMANN

DT

04/29/2009

Electronic Signature of Signing Officer or Director

Date