

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90001 024 ****61.25

DOCUMENT # N00000003155

1. Entity Name
**THE ORANGE COUNTY EAST ROTARY FOUNDATION,
INC.**



Principal Place of Business
**617 E. COLONIAL DR.
ORLANDO, FL 32803**

Mailing Address
**P.O. BOX 1566
WINTER PARK, FL 32790**

60000027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3647643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARVEY, PAUL
4306 ROANNE DRIVE
ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **CD** ☐ Delete
NAME **HARVEY, PAUL ROBERT**
STREET ADDRESS **4309 ROANNE DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **D** ☒ Delete
NAME **MASTRIANI, JOYCE**
STREET ADDRESS **3671 S. SAINT LUCIE DRIVE**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **D** ☐ Delete
NAME **HENNING, MERVIN D**
STREET ADDRESS **617 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **D** ☐ Delete
NAME **CARLSON, WILLIAM E**
STREET ADDRESS **9955 LAKE GEORGIA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **D** ☐ Delete
NAME **HOOD, THERESA E**
STREET ADDRESS **510 PLEASANT GROVE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JOE CHAVARA**
STREET ADDRESS **125 E WEBSTER AVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MERVIN HENNING

1/2/06

407-891-8021