


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000003155</b> 1. Entity Name THE ORANGE COUNTY EAST ROTARY FOUNDATION, INC.	
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Principal Place of Business 457 LAKE HOWELL RD MAITLAND, FL 32751	Mailing Address P.O. BOX 1566 WINTER PARK, FL 32790
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3647643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HARVEY, PAUL 4306 ROANNE DRIVE ORLANDO, FL 32807
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000775362 01/08/08-80027-005 61.25
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARVEY, PAUL ROBERT 4309 ROANNE DRIVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNING, MERVIN D 1100 SOUTH ORLANDO AVE SUITE 778 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, WILLIAM E 9955 LAKE GEORGIA DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANARA, JOE 125 E WEBSTER AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKIN, HAL 196 MICHAEL DR ORLANDO, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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.

**SIGNATURE:**  **1/4/08** **407-538-2870**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #