2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003155

FILED Jan 12, 2009 Secretary of State

Entity Name: THE ORANGE COUNTY EAST ROTARY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 457 LAKE HOWELL RD MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** P.O. BOX 1566 WINTER PARK, FL 32790 FEI Number: 59-3647643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARVEY, PAUL 4306 ROANNE DRIVE ORLANDO, FL 32807 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARVEY, PAUL ROBERT Name: Name: 4309 ROANNE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HENNING, MERVIN D Name: Address: 1100 SOUTH ORLANDO AVE SUITE 778 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition CARLSON, WILLIAM E Name: Name: 9955 LAKE GEORGIA DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CHANARA, JOE Name: 125 E WEBSTER AVE Address: Address: WINTER PARK, FL 32789 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition LARKIN, HAL Name: Name: 196 MICHAEL DR Address: Address: ORLANDO, FL 32792 City-St-Zip: City-St-Zip:

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: MERVN D. HENNING TREA 01/12/2009