2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006438

Entity Name: FOUR TOWNES ROTARY CLUB, INC.

FILED Feb 19, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1750 SOUTH VOLUSIA AVENUE SUITE 7 ORANGE CITY, FL 32763							
Current Mailing Address:				New Mailing Address:			
1750 SOUTH VOLUSIA AVENUE SUITE 7 ORANGE CITY, FL 32763							
FEI Number: 41-2059081 FEI Number Applied For ()		El Numb	ber Not Appli	cable ()	Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
HARDESTY, ALONZO H III 1750 SOUTH VOLUSIA AVENUE SUITE 7 ORANGE CITY, FL 32724 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:			
Title: Name: Address: City-St-Zip:	D () I NORTHEY, PAT 2310 CARSON L DELTONA, FL 3		1	Title: Name: Address: City-St-Zip:	P/D SCHAPERO 902 SWEET DELTONA, I	BRIAR DR	() Addition
Title: Name: Address: City-St-Zip:	P/D () ENEESE, MIKE 1615 DUNLAP DI DELTONA, FL 33		1	Title: Name: Address: City-St-Zip:	D NEESE, MIH 1615 DUNL/ DELTONA, I	AP DRIVE	() Addition
Title: Name: Address: City-St-Zip:	HARDESTY, ALC	LUSIA AVE., STE. 7	1	Title: Name: Address: City-St-Zip:	T/D OHERRON, 3091 LYNNI DELTONA, I	HAVEN ST	() Addition
Title: Name: Address: City-St-Zip:	D ()[PEARCE, LESLII 2015 NORTH NE DELTONA, FL 3:	MO DRIVE	1	Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	S/D () [SUTO, DEBRA 51 MAIN STREET ENTERPRISE, F		1	Title: Name: Address: City-St-Zip:	S/D NYSTRUM, 711 ALBER DELAND, FI	T LANE	() Addition
Title:	D ()[Delete	7	Title [.]	D	(X) Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

AGUSTA, VINCENT

600 DOLPHIN COVE

DEBARY, FL 32713

SIGNATURE: JANET E. O'HERRON T 02/19/2007

DOLAN, TIM

1083 CROSS CUT WAY

LONGWOOD, FL 32750

Name:

Address:

City-St-Zip: