

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02837

FILED
Jan 16, 2009
Secretary of State

Entity Name: LAKELAND CHRISTINA ROTARY CLUB, INC.

Current Principal Place of Business:

7605 REFLECTIONS LAKE DRIVE
LAKELAND, FL 33813 US

New Principal Place of Business:

1029 E HIGHLAND DR
LAKELAND, FL 33813 US

Current Mailing Address:

P.O. BOX 2506
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-2403055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, MICHAEL E
CLARK, CAMPBELL, & MAWHINNEY
500 SOUTH FLORIDA AVENUE -SUITE 800
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: TURNER, MICHAEL
Address: 7605 REFLECTIONS LAKE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: DPE () Delete
Name: THOMPSON, MARK
Address: 2403 SUMMITVIEW DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: DV () Delete
Name: WORKMAN, MICHAEL E
Address: 2318 EASTMEADOWS ROAD
City-St-Zip: LAKELAND, FL 33813

Title: DS () Delete
Name: CHAPMAN, STEPHEN
Address: 126 ELM SQUARE S
City-St-Zip: LAKELAND, FL 33813

Title: DT () Delete
Name: DAVID, TIM
Address: 1501 GRASSLANDS BLVD #56
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DT (X) Change () Addition
Name: DOUG, BOWNE
Address: 1029 HIGHLAND DR
City-St-Zip: LAKELAND, FL 33813

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: DOUG BOWNE

DT

01/16/2009

Electronic Signature of Signing Officer or Director

Date