

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001825

FILED
Feb 13, 2008
Secretary of State

Entity Name: ROTARY CLUB OF TAVARES, FLORIDA, INC.

Current Principal Place of Business:

BOX 850
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

BOX 850
TAVARES, FL 32778

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ELMORE, JERRY
4850 MARSH HARBOR DR
TAVARES, FL 32778 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: PD () Delete
Name: SARGENT, REBECCA
Address: BOX 850
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: KEITH, RICHARD
Address: BOX 850
City-St-Zip: TAVARES, FL 32778

Title: TS () Delete
Name: ELMORE, JERRY
Address: BOX 850
City-St-Zip: TAVARES, FL 32778

Title: SEC () Delete
Name: THOMAS, NORBERT
Address: BOX 850
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: MCGINLEY, COLLEEN
Address: BOX 850
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: SEAWELL, TERRY
Address: BOX 850
City-St-Zip: TAVARES, FL 32778

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

Title: D (X) Change () Addition
Name: CLAFFY, REBECCA
Address: BOX 850
City-St-Zip: TAVARES, FL 32778

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: NORBERT THOMAS

SEC

02/13/2008

Electronic Signature of Signing Officer or Director

Date