2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001825

FILED Juņ 18, 2<u>00</u>9 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

TAVARES, FL 32778

Current Mailing Address: New Mailing Address:

BOX 850

TAVARES, FL 32778

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELMORE, JERRY THOMAS, NORB

4850 MARSH HARBOR DR 1601 N NEW HAMPSHIRE AVE TAVARES, FL 32778 TAVARES, FL 32778

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: NORB THOMAS 06/18/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SARGENT, REBECCA CLAFFY, REBECCA Name: Name:

BOX 850 Address: **BOX 850** Address:

City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

Title: Title: (X) Change () Addition () Delete

KEITH, RICHARD Name: KEITH, RICHARD Name:

Address: **BOX 850** Address: **BOX 850**

City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

Title: TS () Delete Title: TS (X) Change () Addition

ELMORE, JERRY HOFFMAN, RHONDA Name: Name: BOX 850 Address: **BOX 850**

Address: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: THOMAS, NORBERT Name: JOHNS, DEE Address: **BOX 850** Address: **BOX 850**

City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

Title: () Delete Title: () Change () Addition

MCGINLEY, COLLEEN Name: Name: BOX 850 Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CLAFFY, REBECCA DAVIS, DENNIS Name: Name: Address: **BOX 850** Address: **BOX 850** TAVARES, FL 32778 TAVARES, FL 32778 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: NORB THOMAS MR 06/18/2009