2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-06-2008 90043 045 ****61.25

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1. Entity Name
ROTARY CLUB OF LAKE WORTH, INC.

Principal Place of Business	Mailing Address
1499 FOREST HILL BLVD, STE 103 WEST PALM BEACH, FL 33406 US	P.O. BOX 14444 LAKE WORTH, FL 33460

66004722

02142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
92-0180894

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAC MAHON, DERMOT
1860 FOREST HILL BLVD.
SUITE 105
WEST PALM BEACH, FL 33406

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Phil Albertz 2-27-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEARNLEY, JAY
STREET ADDRESS	821 SUNSET DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D
NAME	VRANE, PEGGY ANN
STREET ADDRESS	8461 LAKE WORTH ROAD, STE 171
CITY-ST-ZIP	WELLINGTON, FL 33467
TITLE	D
NAME	ALBERTZ, PHIL
STREET ADDRESS	19907 WILKINSON LEAS RD
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D
NAME	VAN VLEET, DAVID H
STREET ADDRESS	6065 PINE DRIVE
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phil Albertz 3-19-08 561-721-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #