

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007250

FILED
Jan 27, 2009
Secretary of State

Entity Name: ROTARY CLUB OF LAKE WORTH, INC.

Current Principal Place of Business:

1499 FOREST HILL BLVD, STE 103
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

1521 FOREST HILL BLVD, STE 3
WEST PALM BEACH, FL 33406 US

Current Mailing Address:

P.O. BOX 14444
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 92-0180894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAC MAHON, DERMOT
1860 FOREST HILL BLVD.
SUITE 105
WEST PALM BEACH, FL 33406 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: D () Delete
Name: FEARNLEY, JAY
Address: 821 SUNSET DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: VRANE, PEGGY ANN
Address: 8461 LAKE WORTH ROAD, STE 171
City-St-Zip: WELLINGTON, FL 33467

Title: D () Delete
Name: ALBERTZ, PHIL
Address: 19907 WILKINSON LEAS RD
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: VAN VLEET, DAVID H
Address: 6065 PINE DRIVE
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLITS, RICHARD
Address: 275 SEDONA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D (X) Change () Addition
Name: VRANE, PEGGY ANN
Address: 8461 LAKE WORTH ROAD, STE 171
City-St-Zip: WELLINGTON, FL 33467 US

Title: D (X) Change () Addition
Name: ALBERTZ, PHIL
Address: 19907 WILKINSON LEAS RD
City-St-Zip: TEQUESTA, FL 33469 US

Title: D (X) Change () Addition
Name: VAN VLEET, DAVID H
Address: 6065 PINE DRIVE
City-St-Zip: LANTANA, FL 33462 US

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: PHIL ALBERTZ

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date