

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007455

FILED  
Sep 04, 2007  
Secretary of State

**Entity Name:** ROTARY CLUB OF OCALA SOUTHWEST FOUNDATION, INC.

**Current Principal Place of Business:**

4600 SW 46TH AVE  
SUITE 240  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 771805  
OCALA, FL 34477

**New Mailing Address:**

**FEI Number:** 34-1977434      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

OHLINGER, VERNON C  
5448 SW 88TH PL  
OCALA, FL 34476      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: P      ( ) Delete  
Name: UHLINGER, VERNON C  
Address: 5448 SW 88TH PL  
City-St-Zip: OCALA, FL 34476

Title: S      ( ) Delete  
Name: NORMAN, GARY  
Address: 6144 SW HWY 200  
City-St-Zip: OCALA, FL 34476

Title: T      ( ) Delete  
Name: WALTERS, CHERISE  
Address: 7745 SW 100TH ST  
City-St-Zip: OCALA, FL 34476

Title: VPE      ( ) Delete  
Name: VANHEE, FRANCIS (PETE)  
Address: 11209 SW 63RD TERRACE RD  
City-St-Zip: OCALA, FL 344764848

**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:

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: GARY L. NORMAN

S

09/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date