2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# N04000002212

Entity Name: LAKE WORTH ROTARY CLUB CHARITY, INC.

Current Principal Place of Business:

P.O. BOX 1444
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1444
LAKE WORTH, FL 33460

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:

MAC MAHON, DERMOT P
1860 FOREST HILL BLVD STE 105
W 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: WILLITS, RICHARD
Address: 192 PALM CIR
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete
Name: GONZALEZ, ROBERT
Address: 7603 PINE TREE LN
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: D ( ) Delete
Name: ALFELE, MICHAEL
Address: 3552 MIRAMONTES CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: MAC MAHON, DERMOT P
Address: 135 ST DAVIDS WAY
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: PARKINSON, MARGARET
Address: 7022 VENETIAN WAY
City-St-Zip: W PALM BEACH, FL 33406

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MACMAHON, DERMOT
Address: 135 ST DAVIDS WAY
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change ( ) Addition
Name: ALFELE, MICHAEL
Address: 3552 MIRAMONTES CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change ( ) Addition
Name: PARKINSON, MARGARET
Address: 7022 VENETIAN WAY
City-St-Zip: W PALM BEACH, FL 33406

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

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 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 D 01/19/2006

Electronic Signature of Signing Officer or Director — Date