


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV 26 AM 10:04

DOCUMENT # N04000002212 1. Entity Name LAKE WORTH ROTARY CLUB CHARITY, INC.					
Principal Place of Business P.O. BOX 1444 1499 Forest Hill Blvd LAKE WORTH, FL 33460 West Palm Beach, FL 33406				Mailing Address P.O. BOX 1444 LAKE WORTH, FL 33460	
2. Principal Place of Business, No P.O. Box # 1499 Forest Hill Blvd		3. Mailing Address Suite, Apt. #, etc. 103			
City & State West Palm Beach FL		City & State City & State		4. FEI Number NOT APPLICABLE	
Zip 33406		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAC MAHON, DERMOT P 1860 FOREST HILL BLVD STE 105 W PALM BEACH, FL 33406				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACMAHON, DERMOT		NAME		
STREET ADDRESS	135 ST DAVIDS WAY		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON, FL 33414		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALFELE, MICHAEL		NAME		
STREET ADDRESS	3552 MIRAMONTES CIR		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON, FL 33414		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKINSON, MARGARET		NAME		
STREET ADDRESS	7022 VENETIAN WAY		STREET ADDRESS		
CITY - ST - ZIP	W PALM BEACH, FL 33406		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBERTZ, PHIL		NAME		
STREET ADDRESS	19907 WILKINSON LEAS RD		STREET ADDRESS		
CITY - ST - ZIP	TEQUESTA, FL 33469		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Phil Albertz</i> 10-19-07 Phil Albertz Director 561-721-2700					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

03/28/07 90019 002 0125



10102007 REIN-NP CR2E099 (1/07)

Applied For Not Applicable

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

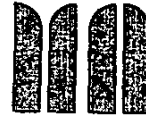
10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)

10102007 REIN-NP CR2E099 (1/07)



Page 2 of 2

FRANCIS J. McMAHON & ASSOCIATES, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANTS
REGISTERED INVESTMENT ADVISOR

2326 S. CONGRESS AVENUE, SUITE 2F
WEST PALM BEACH, FLORIDA 33406

TEL: 561-964-9110

FAX: 561-642-4536

E-MAIL: FJMCAPAS@AOL.COM

August 15, 2007

Florida Department of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

Re: Lake Worth Rotary Club Charity, Inc.-Document # N04000002212
Rotary Club of Lake Worth, Inc.-Document # N03000007250

Dear Division of Corporations:

We have received your notice of Intent to Dissolve for the above referenced Corporations.

Enclosed find copies of check # 1816 and 1817 written on March 9, 2007 and deposited by you on March 28, 2007 in payment of the fees due for this year.

Please confirm to us at P.O. Box 1444, Lake Worth, FL 33460-1444 that you have located these payments and the appropriate forms.

Please advise if there is anything else required on this matter.

Thank you for your help.

Very truly Yours,

Francis J. McMahon & Associates, C.P.A., P.A.

Francis J. McMahon

Enclosures:

CC: Mr. Phil Albertz, President Rotary Club of Lake Worth, Inc.