

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-06-2008 90043 044 \*\*\*\*61.25  
N04000002212

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002212

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



Principal Place of Business  
1499 FOREST HILL BLVD, STE 103  
WEST PALM BEACH, FL 33406

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



02142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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

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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 Phil Albertz 2-27-08  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing) 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 MACMAHON, DERMOT  
STREET ADDRESS 135 ST DAVIDS WAY  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D  
NAME ALFELE, MICHAEL  
STREET ADDRESS 3552 MIRAMONTES CIR  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D  
NAME ALBERTZ, PHIL  
STREET ADDRESS 19907 WILKINSON LEAS RD  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 8-8-8 561-721-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/13aw