

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002212

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** LAKE WORTH ROTARY CLUB CHARITY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 05-0608007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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: MACMAHON, DERMOT  
Address: 135 ST DAVIDS WAY  
City-St-Zip: WELLINGTON, FL 33414

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

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

**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:

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