

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90044 032 ****70.00

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1. Entity Name
**ROTARY CLUB OF THE LADY LAKE AREA FOUNDATION,
INC.**



Principal Place of Business
**1702 MADERO DR.
THE VILLAGE, FL 32159**

Mailing Address
**1702 MADERO DR.
THE VILLAGE, FL 32159**

2. Principal Place of Business

3. Mailing Address

PO Box 362

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LADY LAKE, FL

Zip

Country

Zip

Country

32158-0362

03162005

Chg-NP

CR2E037 (10/03)

4. FEI Number

42-1627986

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANGELS, LOUIS A
1702 MADERO DR.
THE VILLAGE, FL 32159**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BAILEY, KIMBERLY**
STREET ADDRESS **36120 S. GRAY'S AIRPORT RD.**
CITY-ST-ZIP **THE VILLAGE, FL 32159**

TITLE **D** ☐ Delete
NAME **ENGEN, BYRON**
STREET ADDRESS **525 CARRERA DR.**
CITY-ST-ZIP **THE VILLAGE, FL 32159**

TITLE **D** ☐ Delete
NAME **STEINBRENNER, WILLIAM**
STREET ADDRESS **2015 PALO ALTO AVE.**
CITY-ST-ZIP **THE VILLAGE, FL 32159**

TITLE **D** ☐ Delete
NAME **BLAUVELT, SUZANNE**
STREET ADDRESS **720 BOLIVAR ST.**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **D** ☐ Delete
NAME **MILLER, GREG**
STREET ADDRESS **33650 E. LAKE JOANNA DR.**
CITY-ST-ZIP **EUSTIS, FL 32736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Byron W. Engen **BYRON W. ENGEN**

3-16-05

352-753-4197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #