


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90056 005 ****61.25

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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
 PO BOX 362
 LADY LAKE, FL 32158-0362



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01102008 Chg-NP CR2E037 (12/06)

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

4. FEI Number
 42-1627986 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	<input type="checkbox"/> Delete
NAME	ALEXANDER, GEORGE W	
STREET ADDRESS	405 DELMAR DR	
CITY-ST-ZIP	THE VILLAGES, FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGEN, BYRON	
STREET ADDRESS	525 CARRERA DR.	
CITY-ST-ZIP	THE VILLAGE, FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBRENNER, WILLIAM	
STREET ADDRESS	2015 PALO ALTO AVE.	
CITY-ST-ZIP	THE VILLAGE, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLHORN, ERIC	
STREET ADDRESS	13710 US HWY 441	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, GREG	
STREET ADDRESS	33650 E. LAKE JOANNA DR.	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	William E. Krueger	
STREET ADDRESS	910 SHELLBARK WAY	
CITY-ST-ZIP	THE VILLAGES FL 32162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Louis A. Mangels Date: 01-16-08 Daytime Phone #: 352-750-6653