

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90088 043 \*\*\*\*61.25

**DOCUMENT # N04000004757**

1. Entity Name  
**ROTARY CLUB OF LEEsburg-SUNSET, INC.**



Principal Place of Business  
**POST OFFICE BOX 490626  
LEESBURG, FL 34749-0626**

Mailing Address  
**POST OFFICE BOX 490626  
LEESBURG, FL 34749-0626**

**60024882**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2757881**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POPE, WILLIAM A JR  
35542 DOGWOOD DRIVE  
FRUITLAND PARK, FL 34731**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MIROY, RENE ☒ Delete  
STREET ADDRESS 11532 LAKE DRIVE  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE VP  
NAME ROBERT BOWERSOX ☐ Change ☒ Addition  
STREET ADDRESS 2001 SOUTH STREET  
CITY-ST-ZIP LEESBURG FL 34748

TITLE P  
NAME SMITH, LEON ☐ Delete  
STREET ADDRESS 3333 N. HWY 441/27  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE PAST PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME POPE JR, WILLIAM A ☐ Delete  
STREET ADDRESS 35542 DOGWOOD DRIVE  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

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

TITLE T  
NAME MEANY, JOSEPH ☒ Delete  
STREET ADDRESS 10642 SUMMIT SQUARE DRIVE  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE TREASURER  
NAME ROBIN SMITH ☐ Change ☒ Addition  
STREET ADDRESS P.O. BOX 490336  
CITY-ST-ZIP LEESBURG FL 34749-0336

TITLE VP  
NAME LUKICH, DONALD ☐ Delete  
STREET ADDRESS 1412 MOSSWOOD DRIVE  
CITY-ST-ZIP LEESBURG, FL 34788

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 3/15/07 X 352-787-3511**

Date

Daytime Phone #