

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90010 049 ****61.25

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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**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2757881

Applied For
Not Applicable

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, 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 **V** ☐ Delete
NAME **BOWERSOY, ROBERT**
STREET ADDRESS **2001 SOUTH STREET**
CITY-ST-ZIP **LEESBURG, FL 34748**

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

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

TITLE **T** ☐ Delete
NAME **SMITH, ROBIN**
STREET ADDRESS **P.O. BOX 490336**
CITY-ST-ZIP **LEESBURG, FL 347490336**

TITLE **P** ☒ Delete
NAME **LUKICH, DONALD**
STREET ADDRESS **1412 MOSSWOOD DRIVE**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **VP** ☐ Change ☒ Addition
NAME **Ted Bowersox**
STREET ADDRESS **2001 South Street**
CITY-ST-ZIP **Leesburg FL 34748**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Treasurer 3-26-08 352-728-0699