

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006275

FILED
Jan 15, 2008
Secretary of State

Entity Name: ROTARY CLUB OF SANFORD, FLORIDA, INC.

Current Principal Place of Business:

205 N ELM AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

205 N ELM AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-0871558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYSTER, WILLIAM T
205 N ELM AVE
SANFORD, FL 32771 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: LITTON, BILL
Address: PO BOX 2204
City-St-Zip: SANFORD, FL 32772

Title: TD () Delete
Name: KIMELMAN, ROBERT
Address: 205 N. ELM AVE.
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: BLAIR, CRAIG
Address: 143 CRESCENT BLVD
City-St-Zip: SANFORD, FL 32771

Title: PD () Delete
Name: DELLASALA, STEVE
Address: 420 S. OAK AVENUE
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: REED-REIMER, PATRICK
Address: 3200 LAKE EMMA RD.
City-St-Zip: LAKE MARY, FL 32746

Title: SEC () Delete
Name: LITTON, ANNA
Address: PO BOX 2204
City-St-Zip: SANFORD, FL 32772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STUBBS, CHRIS
Address: PO BOX 2204
City-St-Zip: SANFORD, FL 32772

Title: D (X) Change () Addition
Name: JOHNSON, DAVID
Address: PO BOX 2204
City-St-Zip: SANFORD, FL 32772

Title: PD (X) Change () Addition
Name: REED-REIMER, PATRICK
Address: 3200 LAKE EMMA RD.
City-St-Zip: LAKE MARY, FL 32746

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: ROBERT KIMELMAN

TD

01/15/2008

Electronic Signature of Signing Officer or Director

Date