## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002267

FILED Apr 29, 2009 Secretary of State

Entity Name: LAKE WALES BREAKFAST ROTARY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

230 EAST TILLMAN AVENUE LAKE WALES, FL 33853

Current Mailing Address: New Mailing Address:

POB 1313 PO BOX 1313

LAKE WALES, FL 33853 LAKE WALES, FL 33853

FEI Number: 20-3266314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HURST, MICHELLE 230 EAST TILLMAN AVENUE LAKE WALES, FL 33853 US

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:

- Flateric Circulate of Decideral Access

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DPE ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 MCALISTER, JOHNSIE
 Name:
 MCALISTER, JOHNSIE

 Address:
 1009 N TOWER LANE
 Address:
 1009 N TOWER LANE

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:
 LAKE WALES, FL 33853

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SHAFER, SUE
 Name:

 Address:
 1946 CAPPS RD
 Address:

 City-St-Zip:
 LAKE WALES, FL 33898
 City-St-Zip:

Title: DTVP ( ) Delete Title: DT (X) Change ( ) Addition Name: FALCHETTI, ERICA Name: BORNEMANN, STEPHEN

Address: 720 CURRAN ST Address: 237 GOLDEN BOUGH RD City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: LAKE WALES, FL 33898

Title: DP ( ) Delete Title: DPE (X) Change ( ) Addition

Name:WELCH, TIMOTHYName:CLARK, MARKAddress:430 MARIETTA STAddress:237 GOLDEN BOUGH RDCity-St-Zip:LAKE WALES, FL 33853City-St-Zip:LAKE WALES, FL 33898

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: STEPHEN K BORNEMANN DT 04/29/2009