## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # N05000009653  1. Entity Name ROTARY CLUB OF DOWNTOWN DELAND, INC.					04-11-2008 90	064 030 ****6		
P 0 B0X 1310 P 0		Mailing Address P O BOX 1310 DELAND, FL 32721-131	<del>-</del> .					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	· · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062008 C	hg-NP C	R2E037 (12/06)		
City & State		City & State		4. FEI Number 20-358085	 58		ptied For	
Zip	Country	Zip	Country	5. Certificate of Si	atus Desired [	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Regis			
AUTRY, JERRY L			Name C1	Name Cheney, John				
130 LAKE	WINNEMISSETT DR		\ <u></u>		(P.O. Box Number is Not Acceptable)			
DELAND,	FL 32724		12	<del>250 Clen Roy</del>	<del>al Ter —</del>			
			City De	eland		FL Zip Cod	9	
8. The above	e named entity submits this statement for	or the purpose of changing its re	egistered office or regis	stered agent, or both, in	the State of Florida		2720 ept	
the obligat	tions of registered agent.	1 Para						
SIGNATURE	Just Mill	Markey				4-4-08		
OIGHT HOUSE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	Registered Agent signature requ	ured when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008								
		9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees		check payable to Department of St		
10.		Trust Fund Cor			Florida	Department of St	ate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund Cor	ntribution 🔲	Added to Fees	Florida	Department of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008  OFFICERS AND DI  D ANDERSON, DUANE 130 LAKE WINNEMISSETT DR DELAND, FL 32724  D CHENEY, JOHN D	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida	Department of SI	ate	
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Due by May 1, 2008  OFFICERS AND DI  D  ANDERSON, DUANE  130 LAKE WINNEMISSETT DR  DELAND, FL 32724  D	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida	Department of St	1C Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DI  D ANDERSON, DUANE 130 LAKE WINNEMISSETT DR DELAND, FL 32724  D CHENEY, JOHN D 1250 GLEN ROYAL TER DELAND, FL 32720  D BUOZINSKI, BILL D 101 S. MONTGONERY ST	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida	Department of St	1C Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DI  D ANDERSON, DUANE 130 LAKE WINNEMISSETT DR DELAND, FL 32724  D CHENEY, JOHN D 1250 GLEN ROYAL TER DELAND, FL 32720  D BUOZINSKI, BILL D	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees	Florida	Department of St	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008  OFFICERS AND DI  D ANDERSON, DUANE 130 LAKE WINNEMISSETT DR DELAND, FL 32724  D CHENEY, JOHN D 1250 GLEN ROYAL TER DELAND, FL 32720  D BUOZINSKI, BILL D 101 S. MONTGONERY ST DELAND, FL 32720  D WOOSTEY, SUSAN 332 WEST MINNESOTA AVE	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida	Department of St  NO DIRECTORS IN  Change  Change	10 Addition Addition	

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:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFIGER OF DIRECTOR

4-4-0 8 386-734-434/ Date Destrine Prione #