~2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # N05685 1. Entity Name ROTARY CLUB OF ORLANDO EAST, INC.					01-23-2004 90015 015 ****61.25					
Principal Place of Business Mailing Address 5100 OLD HOWELL BRANCH ROAD P.O. BOX 583 WINTER PARK, FL 32792 US GOLDENROD, FL 32733			US		1 788 818 1 8 11					
2. Principal Place of Business 3		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-NP	CR2E	037 (10/03)		
City & State		City & State			4. FEI Numbe 26-3962	801			oplied For ot Applicable	
Zíp	Country	Zip	Country			of Status Desire	<u> </u>	\$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent	None		7. Name and	Address of Ne	w Registered	l Agent		
FOX, DOROTHEA M 5100 OLD HOWELL BRANCH RD				Name Street Address (P.O. Box Number is Not Acceptable)						
WINTER P	PARK, FL 32792									
			City				F	_ ı		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office of	r registere	d agent, or both	, in the State of	f Florida. I an	n familiar with,	and accept	
SIGNATURE .										
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	legistered Agent signat	ure required w	hen reinstating)	,	DATE			
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25	9. Election Campa	aign Financing		5.00 May Be		Make che	ck payable t		
10	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campa Trust Fund Cor	aign Financing ntribution.	_ ;	\$5.00 May Be Added to Fees		Make chec	irtment of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Camp. Trust Fund Cor	aign Financing ntribution.	C ,	\$5.00 May Be Added to Fees	F INGES TO OFF	Make chec	IRECTORS IN	tate I 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OA DIRECTOR Date Date Daylime Phone #