

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90200 013 ****61.25

DOCUMENT # N05685

1. Entity Name
ROTARY CLUB OF ORLANDO EAST, INC.



Principal Place of Business
**5100 OLD HOWELL BRANCH ROAD
WINTER PARK, FL 32792 US**

Mailing Address
**P.O. BOX 583
GOLDENROD, FL 32733 US**

40001987



01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
26-3962801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOX, DOROTHEA M
5100 OLD HOWELL BRANCH RD
WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent

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, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAMBY, SARAH
1522 MIAMI RD
ORLANDO, FL 32825** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FOX, DORETHEA
5100 OLD HOWELL BRANCH RD
WINTER PARK, FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OSBORNE, ROBERT
668 BROWN BEAR CT
WINTER SPRINGS, FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KAYE, RUDDOLPH
6649 AMORY, #1
WINTER PARK, FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TRAPNELL, ROBERT
1655 E. SEMORAN #22
APOPKA, FL 32703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BEANLAND, THOMAS
14015 CHICORA CROSSING
ORLANDO, FL 32828** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HALPIN, SUZI
STUDENT UNION ACF, BOX 163250
ORLANDO, FL 32816-3250** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BEANLAND, THOMAS
14015 CHICORA CROSSING BLVD
ORLANDO, FL 32828** ☒ Change ☐ 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:

THOMAS BEANLAND, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 Jan 2006 407-380-2718