2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05685

Apr 28, 2008 Secretary of State

Entity Name: ROTARY CLUB OF ORLANDO EAST, INC.

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

5100 OLD HOWELL BRANCH ROAD WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

P.O. BOX 583

GOLDENROD, FL 32733 US

FEI Number: 90-0250956 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:

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

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HAMBY, SARAH HAMBY, SARAH Name: Name:

1522 MIAMI RD Address: 14252 WEYMOUTH RUN Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32828

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

FOX, DORETHEA Name: FOX, DOROTHEA M Name:

Address: 5100 OLD HOWELL BRANCH RD Address: 5100 OLD HOWELL BRANCH RD City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792

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

HALPIN, SUZI Name: Name: STUDENT UNION HCF, BOX 13250 Address: Address:

City-St-Zip: ORLANDO, FL 32816 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: SIU, RACHEL L Name: SIU, RACHEL L

5100 OLD HOWELL BRANCH RD 5100 OLD HOWELL BRANCH RD Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792

Title: () Delete Title: (X) Change () Addition Name:

TRAPNELL, ROBERT TRAPNELL, ROBERT Name: 1655 E. SEMORAN #22 1461 CREEKSIDE CIR Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: WINTER SPRINGS, FL 32708

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

MIRZA, RAIS J Name: Name: Address: 6635 NARCOOSSEE RD Address: ORLANDO, FL 32822 City-St-Zip: 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: DOROTHEA M. FOX Т 04/28/2008