2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05685

FILED Apr 26, 2009 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Delete () Change () Addition HAMBY, SARAH Name: Name: 14252 WEYMOUTH RUN Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: () Change () Addition FOX, DOROTHEA M Name: Name: Address: 5100 OLD HOWELL BRANCH RD Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change () Addition HALPIN, SUZI MAZZONE, DEBBIE Name: Name: STUDENT UNION HCF, BOX 13250 16336 BIRCHWOOD WAY Address: Address: City-St-Zip: ORLANDO, FL 32816 City-St-Zip: ORLANDO, FL 32828 Title: () Delete Title: (X) Change () Addition Name: SIU, RACHEL L Name: PHILLIPS, LAWRENCE L 5100 OLD HOWELL BRANCH RD 401 S SEMORAN BLVD Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792 Title: () Delete Title: (X) Change () Addition TRAPNELL, ROBERT TRAPNELL, ROBERT Name: Name: 1461 CREEKSIDE CIR 1461 CREEKSIDE CIR Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: (X) Change () Addition MIRZA, RAIS J MIRZA, RAIS J Name: Name: Address: 6635 NARCOOSSEE RD Address: 6635 NARCOOSSEE RD ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 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 DT 04/26/2009