

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012102

FILED
Jan 30, 2009
Secretary of State

Entity Name: ORLANDO ROWING CLUB, INC.

Current Principal Place of Business:

2200 LEE ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

PO BOX 547802
ORLANDO, FL 32854

New Mailing Address:

FEI Number: 20-8091375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERREBROCK, GREGORY B
852 SWEETWATER ISLAND CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: KERREBROCK, GREGORY B
Address: 852 SWEETWATER ISLAND CIR
City-St-Zip: LONGWOOD, FL 32779

Title: DS () Delete
Name: BAKER, BETSY
Address: 12956 MALLORY CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: DT () Delete
Name: SHOEMAKER, LYNN
Address: 921 GEORGIA AVENUE
City-St-Zip: WINTER PARK, FL 32779

Title: DV () Delete
Name: FIELD, JIM
Address: 816 VISTA COVE
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: ROBINSON, HARRY
Address: 12350 RESEARCH PARKWAY
City-St-Zip: ORLANDO, 32 32789

Title: D () Delete
Name: THOMAS, ROBERT
Address: 922 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: INGRAM, BRAD
Address: 12648 VICTORIA PLACE CR. #6304
City-St-Zip: ORLANDO, FL 32828

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LYNN SHOEMAKER

DT

01/30/2009

Electronic Signature of Signing Officer or Director

Date