

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006203

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ROTARY CLUB OF OVIEDO, INC.

## Current Principal Place of Business:

1601 ALAFAYA TRAIL  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 622054  
OVIEDO, FL 32762 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLADEK, PAUL  
1519 W. BROADWAY ST.  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

SLADEK, PAUL B  
1519 W. BROADWAY ST.  
OVIEDO, FL 32765 US

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: PAUL BRYAN SLADEK

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CRAIG, DAVID  
Address: 624 LONG LAKE DRIVE  
City-St-Zip: OVIEDO, FL 32765 US

Title: DVP ( ) Delete  
Name: COLASUONO, FRANK  
Address: 625 BUCKINGHAM DRIVE  
City-St-Zip: OVIEDO, FL 32765 US

Title: DPP ( ) Delete  
Name: RANGE, A J  
Address: 1037 GORE DRIVE  
City-St-Zip: OVIEDO, FL 32765 US

Title: DS ( ) Delete  
Name: RINALDUCCI, ED  
Address: 8538 AMBER OAK DRIVE  
City-St-Zip: ORLANDO, FL 32817 US

Title: DT ( ) Delete  
Name: CLUXTON, TODD  
Address: 1951 WRENFIELD LANE  
City-St-Zip: OVIEDO, FL 32765 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPP (X) Change ( ) Addition  
Name: CRAIG, DAVID  
Address: 624 LONG LAKE DRIVE  
City-St-Zip: OVIEDO, FL 32765 US

Title: DP (X) Change ( ) Addition  
Name: COLASUONO, FRANK  
Address: 625 BUCKINGHAM DRIVE  
City-St-Zip: OVIEDO, FL 32765 US

Title: DVP (X) Change ( ) Addition  
Name: SLADEK, PAUL B  
Address: 6007 LAKE CHARM CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

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: PAUL BRYAN SLADEK

DVP

04/28/2009

Electronic Signature of Signing Officer or Director

Date