

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14964

FILED  
Jul 02, 2009  
Secretary of State

**Entity Name:** ROTARY CLUB OF WINTER SPRINGS, INC.

**Current Principal Place of Business:**

P. O. BOX 195235  
WINTER SPRINGS, FL 327192235

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 195235  
WINTER SPRINGS, FL 327192235

**New Mailing Address:**

**FEI Number:** 65-0014255      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SLATTERY, TIM  
2060 WILLINGHAM ROAD  
CHULUOTA, FL 32766 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIMMONS, MAUREEN  
Address: 726 SOUTH ENDEAVOR DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: INTESAR, TERKAWI  
Address: 679 BLEN HEIM LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: SIMMONS, MAUREEN  
Address: 726 S. ENDEAUOUR DR.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: LORENZE, DEWAYNE  
Address: 30 SABLE COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T ( ) Delete  
Name: RYSER, DENISE  
Address: 1707 LITTLETON CT  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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: INTESAR TERKAWI

PRES

07/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date