

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18337

FILED
Apr 27, 2009
Secretary of State

Entity Name: ROTARY CLUB OF FROSTPROOF, INC.

Current Principal Place of Business:

21 SOUTH SCENIC HWY
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 456
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-6209588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALPH WATERS
FROSTPROOF CARE CENTER
21 SCENIC HWY S.
FROSTPROOF, FL 33843 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: DT () Delete
Name: REIFEIS, BEA
Address: 133 MAXCY LANE
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: WATERS, RALPH
Address: 335 WEST F STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: MILLER, MARY
Address: 480 PALMETTO AVE, POB428
City-St-Zip: FROSTPROOF, FL 33843

Title: DP () Delete
Name: GODWIN, KENNY
Address: P O BOX 207
City-St-Zip: FROSTPROOF, FL 33843

Title: DS () Delete
Name: BIEHL, DIANA
Address: PO BOX 700
City-St-Zip: FROSTPROOF, FL 33843

Title: DV () Delete
Name: ROBERTS, LARRY
Address: POLK CTY SHERIFF- 111 W. 1 ST
City-St-Zip: FROSTPROOF, FL 33843

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: D (X) Change () Addition
Name: GODWIN, KENNY
Address: P O BOX 207
City-St-Zip: FROSTPROOF, FL 33843

Title: DP (X) Change () Addition
Name: BIEHL, DIANA
Address: PO BOX 700
City-St-Zip: FROSTPROOF, FL 33843

Title: DS (X) Change () Addition
Name: BASS, ANN
Address: 342 WEST B STREET
City-St-Zip: FROSTPROOF, FL 33843

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: BEA REIFEIS

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date