

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90050 028 ****61.25

DOCUMENT # N19100

1. Entity Name
**ROTARY CLUB OF LAKE PLACID, NOON, FLORIDA,
INCORPORATED**



Principal Place of Business
**P O BOX 852
LAKE PLACID, FL 33852**

Mailing Address
**P O BOX 852
LAKE PLACID, FL 33852**

40001397



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2756656

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRATTON, W. BRUCE
4213 LAKE HAVEN BLVD.
SEBRING, FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BROOKS, GARY
530 SUNSET DR
LAKE PLACID, FL 33852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
margaret calhoun
1600 Cedarbrook St
Lake Placid, FL 33852** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MARVELDT, PAUL V
1530 SYCAMORE AVE
LAKE PLACID, FL 33852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
matt Elliott
P O Box 3131
Lake Placid, FL 33862-3131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STRATTON, W. B
4213 LAKE HAVEN BLVD.
SEBRING, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Sarah Carnes Costello
3150 Bluebird Ave
Lake Placid, FL 33852** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELLIOTT, DONALD
1731 LAKE CLAY DRIVE
LAKE PLACID, FL 33852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTIN, MARK
199 US 27 N
LAKE PLACID, FL 33852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Bruce Stratton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. Bruce Stratton 1/4/07 699-5544