

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90074 003 ****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

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2756656

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CALLAHAN, MARGARET
STREET ADDRESS 1600 CEDARBROOK ST
CITY - ST - ZIP LAKE PLACID, FL 33852

TITLE D
NAME ELLIOTT, MATT
STREET ADDRESS PO BOX 3131
CITY - ST - ZIP LAKE PLACID, FL 338623131

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

TITLE S
NAME CARNES COSTELLO, SARAH
STREET ADDRESS 3150 BLUEBIRD AVE
CITY - ST - ZIP LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W Bruce Stratton

Date

Daytime Phone #

1/7/08 86369955XX