

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19100

FILED
Feb 17, 2009
Secretary of State

Entity Name: ROTARY CLUB OF LAKE PLACID, NOON, FLORIDA, INCORPORATED

Current Principal Place of Business:

P O BOX 852
LAKE PLACID, FL 33852

New Principal Place of Business:

165 E INTERLAKE BLVD
LAKE PLACID, FL 33852

Current Mailing Address:

P O BOX 852
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-2756656 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STRATTON, W. BRUCE
4213 LAKE HAVEN BLVD.
SEBRING, FL 33870 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: P () Delete
Name: CALLAHAN, MARGARET
Address: 1600 CEDARBROOK ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: ELLIOTT, MATT
Address: PO BOX 3131
City-St-Zip: LAKE PLACID, FL 338623131

Title: TD () Delete
Name: STRATTON, W. B
Address: 4213 LAKE HAVEN BLVD.
City-St-Zip: SEBRING, FL

Title: S () Delete
Name: CARNES COSTELLO, SARAH
Address: 3150 BLUEBIRD AVE
City-St-Zip: LAKE PLACID, FL 33852

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:

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: W. BRUCE STRATTON

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02/17/2009

Electronic Signature of Signing Officer or Director

Date