## 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

P O BOX 8:	rincipal Place 52 OID, FL 33852		<b>New Principal Pla</b> 165 E INTERLAKE LAKE PLACID, FL	BLVD
	010, 1 2 00002		2, 1, 12, 12, 13, 1, 12	30002
Current Ma	ailing Addres	s:	New Mailing Add	ress:
P O BOX 8	52			
	OID, FL 33852			
FEI Number:	59-2756656	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
	N, W. BRUCE HAVEN BLVD FL 33870 (	). JS		
The above				
	named entity s of Florida.	ubmits this statement for the	purpose of changing its regist	ered office or registered agent, or both,
	of Florida.	ubmits this statement for the	purpose of changing its regist	ered office or registered agent, or both,
n the State	of Florida. RE:	ubmits this statement for the control of the contro		ered office or registered agent, or both,  Date
n the State SIGNATUR	of Florida. RE:	c Signature of Registered Ag	ent	
n the State SIGNATUR	of Florida.  RE:  Electroni  AND DIRECT	c Signature of Registered Ag	ent	Date
n the State SIGNATUR <b>DFFICERS</b> Title:	of Florida.  RE:  Electroni  AND DIRECT	c Signature of Registered Ag F <b>ORS:</b> Delete	ent ADDITIONS/CHAN	Date NGES TO OFFICERS AND DIRECTOR
n the State SIGNATUR  DFFICERS  Title: Name:	e of Florida.  RE:  Electroni  B AND DIRECT  P ()	c Signature of Registered Ag F <b>ORS:</b> Delete RGARET	ent  ADDITIONS/CHAN	Date NGES TO OFFICERS AND DIRECTOR
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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 T 02/17/2009