

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N21366</b> 1. Entity Name LAKELAND NORTH ROTARY CLUB, INC.						<b>FILED</b> <b>07 AUG 16 AM 8:06</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 500 SOUTH FLORIDA AVE SUITE 800 LAKELAND, FL 33801				Mailing Address PO BOX 362 LAKELAND, FL 33802-0362 US			
2. Principal Place of Business - No P.O. Box # 2125 Sleepy Hill Rd. Suite, Apt. #, etc.				3. Mailing Address PO Box 362 Suite, Apt. #, etc.			
City & State Lakeland FL Zip 33810 Country USA				City & State Lakeland FL Zip 33802-0362 Country USA			
4. FEI Number 59-2871460				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANCASTAR, JOHN J 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name John A. Everhart Street Address (P.O. Box Number is Not Acceptable) 2125 Sleepy Hill Rd. City Lakeland FL Zip Code 33810			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 6/15/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>				Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TR Phil Brown	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVERHART, JOHN		NAME	4523 Delmar Dr			
STREET ADDRESS	7849 HABERSHAM DR		STREET ADDRESS	Lakeland FL 33801			
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Walter Totten	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILCOX, MICHAEL		NAME	217 Chadwick Ct			
STREET ADDRESS	122 MARIS CT		STREET ADDRESS	Andover FL 33823			
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	Richard Munday	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUGHES, EVELYN		NAME	4820 Lake Orion Park Rd			
STREET ADDRESS	701 SPICEWOOD DR		STREET ADDRESS	Lakeland FL 33809			
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATSON, MARK		NAME				
STREET ADDRESS	5910 KOOTER ROAD		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND, FL 33805		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEE, CHARLES		NAME				
STREET ADDRESS	120 MORNINGSIDE DR		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZUBRYCKI, ROBERT		NAME				
STREET ADDRESS	3507 BARLEY LANE		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP				
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:  John A. Everhart <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 6/15/07 Daytime Phone # 863 859-7769			