2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2007 8:00 am DOCUMENT # N30687 Secretary of State 1. Entity Name 03-27-2007 90014 025 ****61.25 ROTARY CLUB OF FORT LAUDERDALE, FLORIDA, INC. Principal Place of Business Mailing Address 1146 S.W. 149 LANE SUNRISE FL 33326 US P.O. BOX 266675 WESTON FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-0250276 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHICKLER, MERYL Street Address (P.O. Box Number is Not Acceptable) 1146 S.W. 149 LANE SUNRISE FL 33326 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete THE ☐ Change Addition HILE Ray Williams TIS Condora Rd. Ft. Landerdule, fl. GUNDLACH, JON NAMI NAME STREET ADDRESS STREET ADDRESS 2317 NE 12TH CT. CITY-ST-7IP FORT LAUDERDALE FL 33304 CITY SI-ZIP 3325 □ Defete ☐ Change Addition III yard pung marilly NAM NAME KURTZ, MARTY 1349 Mirddle River Dr ントピ STREET ADDRESS 2110 N OCEAN #203 STREET ADORESS CITY ST-7IP FORT LAUDERDALE FI, 33305 🗷 Delele TITLE ☐ Change ☐ Addition TITLE NAME NAME GRIMMEL, MIKE STREET ADDRESS STREET ADDRESS 2301 AQUAVISTA BLVD CITY-ST-7IP CITY-SI-ZIP FORT LAUDERDALE FL 33301-1544 ÆNDelele ☐ Change HILE □ Addition RHE NAME NAME CHANEY, MARVIN STREET ADDRESS STREET ADDRESS 1850 S. MIAMI RD. CITY-ST-ZIP CITY-S1-ZIP FORT LAUDERDALE FL 33316 TITLE Detete HHE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TILLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 each; that I am an officer or director of the corporation or the receiver or trustee corpowered 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #