2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2005 8:00 am **Secretary of State** DOCUMENT # N31587 1. Entity Name 03-16-2005 90034 043 ****61.25 ROTARY CLUB OF WINTER GARDEN, INC. Principal Place of Business Mailing Address PO BOX 770096 WINTER GARDEN FL 34777 120 E. MAPLE ST 50027108 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-6140005 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDEVENTER, THEODORE H Street Address (P.O. Box Number is Not Acceptable) 120 E MAPLE STREET WINTER GARDEN FL 34787 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Change Addition VANDEVENTER, TED NAME NAME 120 E MAPLE STREET STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP PD Blackham, Bill 120 E Maple 8t. Winter Garden 126 34987 TITLE ☐ Delete TITLE ☐ Addition **BUCHANAN, BOB** NAME NAME 148 ROPER DR STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE SMITH, LINDA NAME NAME 12901 W COLONIAL DR STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 attacparent with an address, with all other like empowered.

Theodore H.Van Deventer

FILED