2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # N31587 1. Entity Name 02-27-2006 90079 034 ****61.25 ROTARY CLUB OF WINTER GARDEN, INC. Principal Place of Business Mailing Address 120 E. MAPLE ST PO BOX 770096 WINTER GARDEN FL 34787 WINTER GARDEN FL 34777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-6140005 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 VANDEVENTER, THEODORE H 120 E MAPLE STREET Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE \$D TITLE ☐ Delete Change Addition VANDEVENTER, TED NAME NAME 120 E MAPLE STREET STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 City-St-7IP CITY-ST-ZIP TITLE TITLE PLD ☐ Delete Addition Rodney V. Julley 12226 Grandmere Ct BLACKHANON: BILL NAME NAME 120 E-MAPLE ST STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP Winder mere Fh 34786 TITLE Delete TITLE ☐ Change ☐ Addition SMITH, LINDA STREET ADDRESS 12901 W COLONIAL DR STREET ADDRESS CITY-ST-7IP WINTER GARDEN FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

heolore H. Von Deventer

FILED