2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N31587

1. Entity Name
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

50002332

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03112008   Chg-NP   CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number		Applied For
59-6140005		Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required~

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANDEVENTER, THEODORE H	Name *Van Deventer Theodore H.*
120 E MAPLE STREET	Street Address (P.O. Box Number is Not Acceptable)
WINTER GARDEN, FL 34787	*1550 Caluso Dr*
	City *Winter Garden, FL* FL Zip Code *34787*

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 _*Theodore H Van Deventer*_ _*Theodore H VanDeventer*_ _*Mar 25 2008*_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	VANDEVENTER, TED		NAME			
STREET ADDRESS	120 E MAPLE STREET		STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP			
TITLE	PD	☒ Delete	TITLE	*PD*		☒ Change ☐ Addition
NAME	~~SYLVESTER, DAVID P~~		NAME	*SHALLEY Norman*		
STREET ADDRESS	~~10000 W. COLONIAL DR.~~		STREET ADDRESS	*12950 W. Colonial Dr*		
CITY-ST-ZIP	~~OCOEE, FL 34761~~		CITY-ST-ZIP	*WINTER GARDEN, FL 34787*		
TITLE	TD	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	SMITH, LINDA		NAME			
STREET ADDRESS	12901 W COLONIAL DR		STREET ADDRESS			
CITY-ST-ZIP	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		☐ Delete	TITLE			☐ 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-ZIP			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: _*Theodore H Van Deventer*_ _*Theodore H Van Deventer*_ _*Mar 25 2008*_ _*407-456-1404*_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #