2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

ST.CLOUD, FL 34769

1800 EVERGREEN COURT

3813 BLACKBERRY CIRCLE

KISSIMMEE, FL 34746

ST. CLOUD, FL 34769

BEHERMAN, BILL

BENCA, CONNIE

PE

CITY-ST-ZIP

STREET AODRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Secretary of State 02-09-2006 90110 040 ****61.25 DOCUMENT # N35761 1. Entity Name ROTARY CLUB OF KISSIMMEE WEST, INC. Principal Place of Business Mailing Address P.O. BOX 423218 P.O. BOX 423218 KISSIMMEE, FL 34742-0218 KISSIMMEE, FL 34742-0218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2592366 Applied For Not Applicable Zip Country 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 SMALLWOOD, DONALD T 206 SOUTH BEAUMONT AVENUE Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34743 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) Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE X Change ■ Addition NAME KOTWAL, SHYAM Kotwal, Shyam NAME STREET ADORESS 1555 HARRIER DR 1555 Harrier Dr. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP Orlando, Fl 32837 PD Behrman, Bill TITLE K Delete ☐ Addition NAME LANGLEY, ASHLEE NAME 406 ALMA SRTEET STREET ADDRESS 1800 Evergreen Ct. STREET ADDRESS KISSIMMEE, FL 34741 CITY-ST-ZIP CITY-ST-ZIP Kissimmee, Fl 34746 K Defete TITLE TITLE ☐ Change X Addition CONDON, KATHLEEN Miles, Sheila NAME NAME 4503 Lake Calabay Dr. STREET ADDRESS 26 IDORA BLVD STREET ADDRESS KISSIMMEE, FL 34744 Orlando, Fl 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE TD X Delete TITLE X Addition ☐ Change Carrasquillo.Carmen NAME BELL, JANIE NAME STREET ADDRESS 523 ROBINSON AVE 498 Floral Dr. STREET ADDRESS

FILED Feb 09, 2006 8:00 am

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

☐ Delete

☐ Delete

Kissimmee Fl 34743

Change

☐ Change

☐ Addition

☐ Addition

27/06 SIGNATURE: Daytime Phone #