12007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 15, 2007 8:00 am **Secretary of State DOCUMENT # N35761** 02-15-2007 90040 037 ****61.25 1. Entity Name ROTARY CLUB OF KISSIMMEE WEST, INC. Principal Place of Business Mailing Address 40017788 P.O. BOX 423218 P.O. BOX 423218 KISSIMMEE, FL 34742-0218 KISSIMMEE, FL 34742-0218 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2592366 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMALLWOOD, DONALD T Street Address (P.O. Box Number is Not Acceptable) 206 SOUTH BEAUMONT AVENUE 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) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$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. TITLE Delete тпе Change ■ Addition NAME KOTWAL, SHYAM STREET ADDRESS 1555 HARRIER DR STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZEP [2] Delete TITLE TITLE ☐ Change X Addition NAME BEHRMAN, BILL NAME NEWMAN, LAWRENCE C. 1800 EVERGREEN CT STREET ADDRESS STREET ADDRESS 14613 Heathermere Lane KISSIMMEE, FL 34746 CITY-ST-7IP CITY-ST-ZIP Orlando, FL 32837 TITLE Delete TITLE Change Addition MILES, SHEILA NAME NAME STREET ADDRESS 4503 LAKE CALABAY DR STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32837 CRY, ST. 7P ☑ Delete TITLE PE TILE Change X Addition CARRASQUILLO, CARMEN NAME NAME WOESSNER, GREG STREET ADDRESS 498 FLORAL DR STREET ADDRESS 2500 Granada CITY-ST-ZIP KISSIMMEE, FL 34743 CITY-ST-ZIP 34746 Kissimmee, TITLE Delete ☐ Change Addition NAME BEHERMAN, BILL NAME STREET ADDRESS 1800 EVERGREEN COURT STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-71P TITLE ΤE ☐ Delete TILLE Change Addition BENCA, CONNIE NAME STREET ADDRESS 3813 BLACKBERRY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD, FL 34769

12. Thereby 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 upport 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 trusted 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. ess, with all other like empowered.

LAWRENCE C. NEWMAN, PRESIDENT

SIGNATURE:

R OR DIRECTOR

(407) 529-4147

FILED