

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90020 046 ****61.25

DOCUMENT # N38818

1. Entity Name
ROTARY FUND OF ORLANDO BREAKFAST CLUB, INC.



Principal Place of Business
3041 NEW BERN COVE
ORLANDO, FL 32765-6276

Mailing Address
P. O. BOX 703
ORLANDO, FL 32802

50805655



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2118097

Applied For
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

VECCIA, DENNIS P
3041 NEW BERN COVE
OVIEDO, FL 32765-6276

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Filing Fee is \$61.25
Due by September 12, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EVANS, GERALDINE A
108 STONEBROOK CT
LONGWOOD, FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
AZAM, ASIMA
PO BOX 703
ORLANDO, FL 32802 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOETZ, GREG
1587 ARROWROOT PLACE
OVIEDO, FL 32765 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
JAMES DOWNING
D
PO BOX 703
ORLANDO FL 32802 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HAMMOND, KEITH
PO BOX 703
ORLANDO, FL 32807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LOVETT, TRACY
PO BOX 703
ORLANDO, FL 32802 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
HERMANN, JIM
PO BOX 703
ORLANDO, FL 32802 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
DENNIS VECCIA
PO BOX 703
ORLANDO FL 32802 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/08

Date

407-246-8429

Daytime Phone #