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

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # N45952 1. Entity Name 04-03-2006 90381 010 ****61.25 LAKE REGION ROTARY CLUB, INC. Principal Place of Business Mailing Address 399 6TH STREET, SE WINTER HAVEN FL 33880 399 6TH STREET, SE WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3039084 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 GERALD, HERMAN Street Address (P.O. Box Number is Not Acceptable) 399 6TH STREET, SE WINTER HAVEN FL 33880 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, typing or printed name of registered agent and title if 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. Florida Department of State Added to Fees 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11 TITLE TD ☐ Delete TITLE ☐ Change ■ Addition HERMAN, GERALD S NAME NAME 440 LAKE DAISY DR STREET ADDRESS STREET ADDRESS WINTERHAVEN FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MOORE, KENNETH NAME NAME STREET ADDRESS P.O. BOX 53 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP PD Delete. TITLE Change neitibbA 🛄 NAME KUDER, JOHN NAME 4101 SHOAL GREEN CT STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP Addition Addition ☐ Delete TD☐ Change TITLE TITLE Hatt Schreier 2284 Crump Road NAME NAME STREET ADDRESS STREET ADDRESS Winter Hoven, FL 33881 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED

3/24/06

(863) 324-6446