2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 26, 2007 08:00 Al Secretary of State DOCUMENT,# N45952 1. Entity Name LAKE REGION ROTARY CLUB, INC. Principal Place of Business Mailing Address 399 6TH STREET, SE 399 6TH STREET, SE WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-3039084 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GERALD, HERMAN Street Address (P.O. Box Number is Not Acceptable) 399 6TH STREET,SE WINTER HAVEN FL 33880 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 DATE Signature, typed 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State ... Due By May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TD ☐ Change Addition TITLE TITLE ΝΑΜΓ NAME HERMAN, GERALD S U000000735108 STREET ADDRESS STREET ADDRESS 440 LAKE DAISY DR 05/10/07-80020-017 61.25 CITY - ST - ZIP CITY-ST-ZIP WINTERHAVEN FL ☐ Addition ☐ Delete □ Change TITLE IIILE NAME MOORE, KENNETH NAME STREET ADDRESS STREET ADDRESS P.O. BOX 53 CITY - ST - ZIP CITY-ST-7/P WINTER HAVEN FL 33884 THILE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME SCHREIER, MATT STREET ADDRESS STREE | ADDRESS 2284 CRUMP ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add₁lion TIFLE ☐ Detete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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 eath; 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.

12. I hereby cortify 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

SIGNATURE:

4/24/07 863-324-6446