2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2009
Secretary of State

DOCUMENT# N45952

Entity Name: LAKE REGION ROTARY CLUB, INC.

Current Principal Place of Business:

399 6TH STREET, SE
WINTER HAVEN, FL 33880

New Principal Place of Business:

4218 HAMMOND DR
WINTER HAVEN, FL 33884

Current Mailing Address:

399 6TH STREET, SE
WINTER HAVEN, FL 33880

New Mailing Address:

4218 HAMMOND DR
WINTER HAVEN, FL 33884

FEI Number: 59-3039084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GERALD, HERMAN
399 6TH STREET,SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: HERMAN, GERALD S
Address: 440 LAKE DAISY DR
City-St-Zip: WINTERHAVEN, FL

Title: D ( ) Delete
Name: MOORE, KENNETH
Address: P.O. BOX 53
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD ( ) Delete
Name: SCHREIER, MATT
Address: 2284 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COMBS, MARK
Address: 4218 HAMMOND DR
City-St-Zip: WINTERHAVEN, FL 33884

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK COMBS PRES 06/08/2009

Electronic Signature of Signing Officer or Director — Date