

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001878

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** THE ROTARY CLUB OF COLLEGE PARK, INC.

**Current Principal Place of Business:**

P. O. BOX 540000  
ORLANDO, FL 32854

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540000  
ORLANDO, FL 32854

**New Mailing Address:**

**FEI Number:** 59-3455292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE  
SUITE 1500  
ORLANDO, FL 32803 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: D ( ) Delete  
Name: YEOMANS, TROY  
Address: 2823 SALISBURY BLVD.  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: STUART, ROBERT  
Address: 1408 KNOLLWARD LANE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: BURKE, BARBARA  
Address: 959 STONEWOOD LANE  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DIANE GLASSMAN KISH

MS.

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date