

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001878

FILED
Apr 30, 2009
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:

605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801

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:

AM&E SERVICES, LLC
605 E. ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 US

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: LEHN E. ABRAMS

04/30/2009

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: D (X) Change () Addition
Name: CALLAHAN, JANE
Address: 610 DARTMOUTH STREET
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Change () Addition
Name: POTENZA, PAM
Address: 718 CLAYTON STREET
City-St-Zip: ORLANDO, FL 32804

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: LEHN E. ABRAMS

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date