2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 06, 2007
Secretary of State

DOCUMENT# N95000002488

Entity Name: ROTARY CLUB OF LEHIGH, INC.

Current Principal Place of Business:

9 BETH STACEY BLVD
STE 201
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

PO BOX 803
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 59-1578293 **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:

STOUT, J NATHAN
403 JOAN AVE
SUITE D
LEHIGH ACRES, FL 33971 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: J NATHAN STOUT
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RUEDI, RITA
Address: PO BOX 1165
City-St-Zip: LEHIGH ACRES, FL 33970

Title: VD ( ) Delete
Name: BUFF, EDWARD M
Address: PO BOX 485
City-St-Zip: ALVA, FL 33920

Title: D ( ) Delete
Name: DERRINGER, JAMES
Address: 6191 PANGOLA RD
City-St-Zip: FORT MYERS, FL 33905

Title: SD ( ) Delete
Name: BAKER, INKE
Address: 55 CAMELOT GARDENS BLVD, # 115
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD (X) Delete
Name: AVEY, FRANK
Address: 1530 LEE BLVD, STE 2700
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: DEFILICE, CHARLIE
Address: 702 WILLOW DR
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S (X) Change ( ) Addition
Name: ADAMS, DON
Address: 636 THOMAS SHERWIN AVE S
City-St-Zip: LEHIGH ACRES, FL 33974

Title: V (X) Change ( ) Addition
Name: BAKER, INKE
Address: 55 CAMELOT GARDENS BLVD, # 115
City-St-Zip: LEHIGH ACRES, F 33936

Title: P (X) Change ( ) Addition
Name: AVEY, FRANK
Address: 1530 LEE BLVD, STE 2700
City-St-Zip: LEHIGH ACRES, FL 33936

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: CHARLIE DEFILICE T 11/06/2007
Electronic Signature of Signing Officer or Director — Date