2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2007
Secretary of State

DOCUMENT# N96000001057

Entity Name: ROTARY CLUB OF CLEWISTON, INC.

Current Principal Place of Business:

1200 SAN LUIZ AVE.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 832
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

JOHN, HICKS
352 W. ARCADE AVE.
CLEWISTON, FL 33440 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: JOHN HICKS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILSON, GARY D
Address: 613 SABAL AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: PD ( ) Delete
Name: HARRIS, FRANK C
Address: P.O. BOX 1237
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: JOHN, HICKS C
Address: 352 W. ARCADE AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: EGAN-WYER, SCOTT
Address: 303 E. OSCEOLA AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: CHAMNESS, MARIA S
Address: 1017 PONCE DE LEON AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: SMITH, GLENN A
Address: 112 W. CIRCLE DR
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COUSE, ANDREW
Address: 300 E. SUGARLAND HIGHWAY
City-St-Zip: CLEWISTON, FL 33440

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

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

Title: D (X) Change ( ) Addition
Name: HOWELL, KELLY
Address: 300 E.SUGARLAND HIGHWAY
City-St-Zip: CLEWISTON, FL 33440

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: ANDREW COUSE D 10/16/2007
Electronic Signature of Signing Officer or Director — Date