

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 26, 2009
Secretary of State

DOCUMENT# N97000004951

Entity Name: ROTARY CLUB OF KISSIMMEE BAY, INC.**Current Principal Place of Business:**100 CHURCH ST.
KISSIMMEE, FL 34741**New Principal Place of Business:****Current Mailing Address:**100 CHURCH ST.
KISSIMMEE, FL 34741**New Mailing Address:****FEI Number:** 59-3485519**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CUMBIE, FRED
100 CHURCH ST.
KISSIMMEE, FL 34741 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: PP () Delete
Name: HUSBAND, ROBERT
Address: 1750 KINGS H WY
City-St-Zip: KISSIMMEE, FL 34744

Title: P () Delete
Name: NORWALK, DON
Address: 3814 NORBURY CT
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: COAMEY, ED
Address: 2013 PEACHTREE BLVD
City-St-Zip: SAINT CLOUD, FL 34769

Title: S () Delete
Name: HURST, CECILE
Address: 1605 STRAIGHT ST
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: HUBBARD, NANCY
Address: 1700 PINE ISLAND RD
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: SCOTT, CAROLYN
Address: 4510 PINE TREE DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: P (X) Change () Addition
Name: CASIER, JANICE
Address: PO BOX 701727
City-St-Zip: ST. CLOUD, FL 34770

Title: T (X) Change () Addition
Name: ORTIZ, TAMMY
Address: 1001 CALIFORNIA AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: S (X) Change () Addition
Name: PRESSER, SHAUN
Address: 1408 GRANDVIEW BOULEVARD
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Change () Addition
Name: HUBBARD, NANCY
Address: 1700 PINE ISLAND ROAD
City-St-Zip: KISSIMMEE, FL 34744

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: NANCY HUBBARD

D

05/26/2009

Electronic Signature of Signing Officer or Director

Date