


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90324 036 ****61.25

DOCUMENT # N97000003363

1. Entity Name
THE ROTARY CLUB OF ORLANDO, INC.



Principal Place of Business
**32 W. GORE ST., SUITE 500
ORLANDO FL 32806**

Mailing Address
**32 W. GORE ST., SUITE 500
ORLANDO FL 32806**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHAFFER, MICHAEL
800 SO. ORLANDO AVENUE #100
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUDNEY, DOUGLAS	
STREET ADDRESS	1443 BUCKWOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOVELACE, ELLEN	
STREET ADDRESS	85 INTERLAKEN ROAD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHAFFER, MICHAEL	
STREET ADDRESS	800 SO. ORLANDO AVENUE #100	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCEAU, JOHN C	
STREET ADDRESS	83323 AMBER OAK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	PE	<input type="checkbox"/> Delete
NAME	SHEA, J DARRELL	
STREET ADDRESS	818 OAK STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEAY, RALEIGH F.	
STREET ADDRESS	717 NO. MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32802	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1720 GLENCOE ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1030 NORTH ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32802

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MICHAEL SCHAFFER* REQUIRED

4-24-03

CR2E037 (10/02)