

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740775

Entity Name: HAINES CITY ROTARY CLUB, INC.**Current Principal Place of Business:**2888 SOUTHERN DUNES BLVD
HAINES CITY, FL 33844**Current Mailing Address:**P O BOX 485
HAINES CITY, FL 33845 US**FEI Number:** 59-2867860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADAIR, RODNEY
2720 LA VISTA DR
HAINES CITY, FL 33844 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	ADAIR, RODNEY
Address	2720 LA VISTA DR
City-State-Zip:	HAINES CITY FL 33844

Title	CD
Name	RYDER, FRED
Address	101 WOODLAND DR
City-State-Zip:	HAINES CITY FL 33844

Title	CD
Name	GORDON, ANTHONY
Address	2600 ACCESS RD NW
City-State-Zip:	DAVENPORT FL 33897

Title	CD
Name	KEHOE, ELLEN
Address	P O BOX 872
City-State-Zip:	LAKE HAMILTON FL 33851

Title	CD
Name	SECORD, CHARLES
Address	114 PALM PL
City-State-Zip:	HAINES CITY FL 33844

Title	CD
Name	MCGLASHON, HUGH
Address	P O BOX 3033
City-State-Zip:	HAINES CITY FL 33844

I hereby 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 all other like empowered.

SIGNATURE: RODNEY ADAIR**PRESIDENT****02/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date