

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762994

**Entity Name:** ROTARY CLUB OF SEMINOLE LAKE, FLORIDA, U.S.A., INC.**Current Principal Place of Business:**9075 SEMINOLE BLVD.  
SEMINOLE, FL 33772**Current Mailing Address:**POST OFFICE BOX 3294  
SEMINOLE, FL 33772 US**FEI Number:** 59-2110073**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHULER, TIMOTHY C ESQ  
9075 SEMINOLE BLVD.  
SEMINOLE, FL 33772 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 DP  
Name STAMM, GLENN  
Address 650 CORTEZ DR.  
City-State-Zip: TIERRA VERDE FL 33715

Title DIRECTOR  
Name BESSLER, GEORGE  
Address 9152 124 WAY N.  
City-State-Zip: SEMINOLE FL 33773

Title DS  
Name CAMP, CURTIS  
Address 442 BOCA CIEGA POINT BLVD.  
SOUTH  
City-State-Zip: ST. PETERSBURG FL 33708

Title DIRECTOR  
Name LURIE, VIVIAN  
Address 13051 PARK BLVD.  
City-State-Zip: SEMINOLE FL 33776

Title DVP  
Name LILO, SANDRA  
Address 8300 113TH ST N  
City-State-Zip: SEMINOLE FL 33772

Title DT  
Name HENDRY, MICHAEL  
Address P.O. BOX 8373  
City-State-Zip: MADEIRA BEACH FL 33738

Title DIRECTOR  
Name CACHIA, GERRY  
Address 9878 PORTSIDE DR.  
City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR  
Name SANG, ROSA  
Address 1355 21ST ST SW  
City-State-Zip: LARGO FL 33763

**Continues on page 2**

*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:** GLENN STAMM

DP

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TURNER, PAUL  
Address 9355 113TH ST.  
#4315  
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR  
Name LAMAIRE, ANNE  
Address 9308 134TH STREET, .  
City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR  
Name OLDANIE, CHUCK  
Address 11692 PARKVIEW LN, .  
City-State-Zip: SEMINOLE FL 33772