

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001701

Entity Name: ROTARY CLUB OF EAST ARLINGTON, INC.**Current Principal Place of Business:**8596 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**Current Mailing Address:**644 CESERY BOULEVARD 250
JACKSONVILLE, FL 32211**FEI Number:** 59-3148031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRIAN, LEE J
644 CESERY BOULEVARD 250
JACKSONVILLE, FL 32211 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 PD
Name SCHULER, CARL S
Address 1346 WINDSOR HARBOR DRIVE
NORTH
City-State-Zip: JACKSONVILLE FL 32225

Title SD
Name BERGMAN, DON
Address 10142 GENI HILL CIRCLE NORTH
City-State-Zip: JACKSONVILLE FL 32225

Title D
Name LEE, BRIAN
Address 12410 TROPIC DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title VPD
Name SMITH, JIM
Address 3828 FEATHER OAKS DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32277

Title TD
Name PLATO, MAUREEN
Address 6228 THUMPER STREET
City-State-Zip: JACKSONVILLE FL 32210

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: CARL S. SCHULER

PD

02/06/2014

Electronic Signature of Signing Officer/Director Detail_____
Date