



NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90159 043 ****61.25

DOCUMENT # 747416

1. Corporation Name

THE ROTARY CLUB OF INDIALANTIC, FLORIDA, INC.

Principal Place of Business

PO BOX 3134
INDIALANTIC FL 32903

Mailing Address

PO BOX 3134
INDIALANTIC FL 32903

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1979	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6152299		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

CHENEY, JAMES S.
630 CINNAMON CT.
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name	Michael Holiday
82 Street Address (P.O. Box Number is Not Acceptable)	353 Albucares FL
83	
84 City	Melbourne Beach FL
85 Zip Code	32951

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michael Holiday Director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D President
NAME	JOHNSON, NEAL	1.2 NAME	Jodie Menzel
STREET ADDRESS	308 LEE AVE	1.3 STREET ADDRESS	8426 Sylvan Drive
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	West Melbourne FL
TITLE	V	2.1 TITLE	D ESASIA Walker
NAME	MENZEL, JACKIE	2.2 NAME	520 Sea Breeze Dr
STREET ADDRESS	8426 SYLVAN DRIVE	2.3 STREET ADDRESS	Indialantic FL
CITY-ST-ZIP	W. MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D Secretary
NAME	CINCO, SUSAN	3.2 NAME	Susan Cinco
STREET ADDRESS	3076 RIO PALMA NORTH	3.3 STREET ADDRESS	5076 Rio Palma North
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	Indialantic FL
TITLE	T	4.1 TITLE	D Treasurer
NAME	WALKER, ESAIAS	4.2 NAME	Thomas J Polumbo
STREET ADDRESS	520 SEA BREEZE DR	4.3 STREET ADDRESS	529 Turtle Circle
CITY-ST-ZIP	INDIANATLANTIC FL	4.4 CITY-ST-ZIP	Satellite Beach FL 32937
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/3/99

407.779-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)