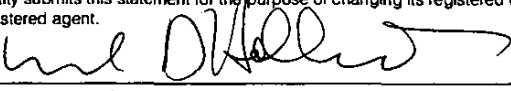
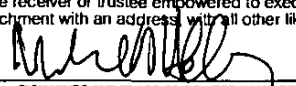


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90031 031 ****61.25

DOCUMENT # 747416 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6152299	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLIDAY, MICHAEL 2351 W EAU GALLIE BLVD. #5 MELBOURNE, FL 32935				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  1/26/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHLMANN, LEE 1005 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, JAY N. 1030 ROCK SPRINGS DRIVE MELBOURNE FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIDAY, MICHAEL 2351 W. EAU GALLIE BLVD. MELBOURNE, FL 32935	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLIDAY, MICHAEL 2351 EAU GALLIE BLVD MELBOURNE FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, FREDERICK J 1005 NEWFOUND HARBOR DR. MERRITT ISLAND, FL 32952	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NIC PHADIA, AILISH M. 211 COCA STREET, S.E. PALM BAY FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, ESAIAS E 520 SEABREEZE DR. INDIALANTIC, FL 32903	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAISER, FRANK 3217 CAPPLO DRIVE MELBOURNE FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 D. Holliday 1/26/05 321 255 2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					