2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 747416

1. Entity Name
THE ROTARY CLUB OF INDIALANTIC, FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 3134 INDIALANTIC, FL 32903	PO BOX 3134 INDIALANTIC, FL 32903

01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6152299
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLIDAY, MICHAEL
2351 W EAU GALLIE BLVD.
#5
MELBOURNE, FL 32935

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON, JAY N
STREET ADDRESS	1030 ROCK SPRINGS DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	HOLLIDAY, MICHAEL
STREET ADDRESS	2351 W. EAU GALLIE BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	SD
NAME	NIC PHAIDIA, AILISH M
STREET ADDRESS	211 COCOA STREET SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	TD
NAME	WALKER, ESAIAS E
STREET ADDRESS	520 SEABREEZE DR.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VD
NAME	KAISER, FRANCK
STREET ADDRESS	3217 CAPPIO DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000382500
01/12/06-80013-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Esaias E. Walker 1/9/06 321-727-1519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #