

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90452 009 ****61.25

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04272006 Chg-NP CR2E037 (4/06)

DOCUMENT # N41214					
1. Entity Name ROTARY CLUB OF EUSTIS, INC.					
Principal Place of Business P O BOX 1331 EUSTIS, FL 32727			Mailing Address P O BOX 1331 EUSTIS, FL 32727		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-6209584				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAYLORD, FRANK T. 804 NORTH BAY STREET EUSTIS, FL			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	FURNAS, WILLIAM M		NAME		
STREET ADDRESS	PO DRAWER 580, 21 E PINEHURST BLVD		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL		CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	NELSON, MARILYN		NAME		
STREET ADDRESS	2660 GRAND ISLAND SHORES ROAD		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP		
TITLE	Delete <input checked="" type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	LASSITER, MICHAEL		NAME	PD RICHARD BISHOP	
STREET ADDRESS	21210 SENECA HILLS ROAD		STREET ADDRESS	428 BUFF PACE DR.	
CITY-ST-ZIP	EUSTIS, FL 32736		CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>William M. Furnas</u>		Date: <u>4-28-06</u>		Daytime Phone #: <u>352-549-1700</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					