


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90038 024 ****61.25

DOCUMENT # N41214
 1. Entity Name
 ROTARY CLUB OF EUSTIS, INC.



40122456



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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06282007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-6209584

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GAYLORD, FRANK T.
 804 NORTH BAY STREET
 EUSTIS, FL

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

Filing Fee is \$61.25
Due by September 14, 2007

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

T Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FURNAS, WILLIAM M PO DRAWER 580, 21 E PINEHURST BLVD EUSTIS, FL
SD Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NELSON, MARILYN 2660 GRAND ISLAND SHORES ROAD EUSTIS, FL 32726
PD Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BISHOP, RICHARD 428 BLUFF DR. EUSTIS, FL 32726
Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Munroe, Frank C 342 Lakecrest Lane Tavares FL 32778
SD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hamilton, Leon P.O. Box 350248 Grand Island FL 32735
PD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hamilton, Heather 1920 N. County Rd 19A Eustis FL 32726
Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS 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: Frank C Munroe Date: 6/28/07 352-483-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FRANK C MUNROE