2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N92000000541

Entity Name: ROTARY CLUB OF PORT ST. LUCIE, BREAKFAST, FLORIDA, U.S.A., INC.

Current Principal Place of Business:

P. O. BOX 7279
PORT ST. LUCIE, FL 34985 US

New Principal Place of Business:

Current Mailing Address:

1907 SW BURLINGTON ST
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

FEI Number: 65-0353123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTENSEN, PATRICIA
1907 SW BURLINGTON ST
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PRATTEN, JOE
Address: 11 GORDA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: STD ( ) Delete
Name: KRUMFOLZ, STEVE
Address: 2257 SE ABCOR ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD ( ) Delete
Name: SELIGA, GEORGE
Address: 2026 SE WEST DUNBROOK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SELIGA, GEORGE
Address: 2026 SE WEST DUNBROOK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: CHRISTENSEN, PATRICIA
Address: 1907 SW BURLINGTON ST
City-St-Zip: PORT SAINT LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA CHRISTENSEN SEC 04/29/2005

Electronic Signature of Signing Officer or Director — Date