## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90466 005 \*\*\*\*61.25

## DOCUMENT # N05581

1. Entity Name

ROTARY CLUB OF EAU GALLIE, FLORIDA, **INCORPORATED** 



1800 PENN STREET

Principal Place of Business

Mailing Address

1800 PENN STREET

SUITE 6 SUITE 6 MELBOURNE, FL 32901 US MELBOURNE, FL 32901 US						60045072					
WETROOKNE	, FL 32901	US	MELBOURNE, FL 32	!901 US			13:0: #  1  13:0:   1  17	I BIBN BIBN BIBN BI			
Principal Place of Business - No P.O. Box #     Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037 (	(12/06)		
City & State			City & State			4. FEI Numbe 59-259(			<del></del>	plied For	
Zip Country		Zip	Countr	у	5 Certificate of Status Desired 38.7		.75 Add				
6 Name and Address of Current Re			- ulata ul A 4	pred Agent		Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
WEISS, KURT C				<u> </u>							
1800 PENN STREET SUITE 6					Street Address (P.O. Box Number is Not Acceptable)						
MELBOURNE, FL 32901											
:					City			FL	Zip Code	•	
		y submits this statement for sered agent.	the purpose of changing	its registered	office or registe	ered agent, or bot	h, in the State of Flo	orida. I am fam	iliar with,	and accept	
	* the obligations of registered agent.										
SIGNATURE											
	Signature, typed	or printed name of registered agent an	d title if applicable. (P	OTE: Registered Aç	ent signature requir	ed when reinstating)	<u> </u>	DATE			
Filing Fee is \$61.25 Due by May 1, 2007				Election Campaign Finance     Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
		- ·				,	l l				
10.		OFFICERS AND DIRE	ECTORS	11.			ANGES TO OFFICE	<u> </u>	CTORS IN	10	
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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 op 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #