2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 8:00 am **Secretary of State** DOCUMENT # N03000009517 01-22-2008 90066 038 ****61.25 INDIÁLANTIC ROTARY CLUB FOUNDATION, INC. Principal Place of Business Mailing Address 1500 W. EAU GALLIE BLVD PO BOX 033134 INDIALANTIC, FL 32903-3134 SUITE A MELBOURNE, FL 32935 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9390 FRANGIPANI DRIVE Suite Apt. #. etc. Suite, Apt. #, etc. 01152008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 20-0712215 **VERO BEACH** Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 32963 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTHERLAND, TODD KAISER, FRANK Street Address (P.O. Box Number is Not Acceptable) 9390 FRANGIPANGE DRIVE 1500 W. EAU GALLIE BLVD SUITE A MELBOURNE, FL 32935 Zip Code 32963 VERO BEACH 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 01/14/2008 TODD SUTHERLAND SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE KAISER, FRANK H NAME NAME 1500 W. EAU GALLIE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-51-ZIP PD TITLE (XI Change □ Addition TITLE ☐ Delete SUTHERLAND, TODD SUTHERLAND, TODD NAME NAME 9390 FRANGIPANI DRIVE 9390 FRANGIPANI DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP VERO BEACH FL 32963 TD ☐ Delete THILL ☐ Change ☐ Addition TITLE HEEB, BRUCE NAME STREET ADDRESS 4907 WILD GRAPE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32940 Change ☐ Addition SD ☐ Delete TULLE IIII F HENDER, JEAN NAME STREET ADDRESS PO BOX 809 STREET ADDRESS CITY-ST-ZIP GRANT, FL 32949 CITY-ST-ZIP ☐ Change Addition Detete TITLE TITLE SANDERSON, RUTH NAME 3630 KILLDEER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE, FL 32904** CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE

FILED

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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .	Frue	E. Hell	BRUCE E. HEEB	01/14/2008	321-752-4091	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	