

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004152

**Entity Name:** DISASTER NETWORK OF ASSISTANCE ROTARY ACTION GROUP, INC.

**Current Principal Place of Business:**

11015 VIA LUCCA  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

11015 VIA LUCCA  
BOYNTON BEACH, FL 33437 US

**FEI Number: 47-3860087**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHULER, TIMOTHY C ESQ  
9075 SEMINOLE BLVD  
SEMINOLE, FL 33772 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name STUART, ROBERT A JR.  
Address BROWN HAY + STEPHENS  
205 S. FIFTH STREET, P.O. BOX 2459  
City-State-Zip: SPRINGFIELD IL 62705

Title VC  
Name LUSTIG, PHILIP H III  
Address 11015 VIA LUCCA  
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER  
Name HERSCHBEIN, IRA M  
Address 6751 N FEDERAL HWY  
201  
City-State-Zip: BOCA RATON FL 33487

Title S  
Name GOGGINS, LIZ  
Address PO BOX 1106  
City-State-Zip: FREDERIKSTED, OC 00841

*I hereby 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 all other like empowered.*

SIGNATURE: PHILIP H LUSTIG

VC

02/02/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date