

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90027 034 \*\*\*\*61.25

**DOCUMENT # 714223**

1. Entity Name  
**NICEVILLE-VALPARAISO ROTARY CLUB, INC.**



Principal Place of Business  
**107 JUNIPER ST.  
NICEVILLE, FL 32578 US**

Mailing Address  
**P O BOX 388  
P.O. BOX 388  
NICEVILLE, FL 32588 US**

**40035391**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-6153587**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNDON, D. TIMOTHY  
4502 A HWY. 20  
NICEVILLE, FL 32578**

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 May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BURGER, LISA ☒ Delete  
STREET ADDRESS 4451 WOODBRIDGE RD.  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D  
NAME HIGGINBOTHAM, WILLIAM N. ☐ Change ☒ Addition  
STREET ADDRESS 343 BAYSHORE DR  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE TD  
NAME SLOAN, LILLY J ☐ Delete  
STREET ADDRESS 220 YACHT CLUB DR.  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE SD  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME LOFFLER, PETER ☐ Delete  
STREET ADDRESS 141 DANA POINTE  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE VD  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME SUMMERLIN, SCOTT ☐ Delete  
STREET ADDRESS 5 COOLWATER LN  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE PD  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME SMITH, GREG ☐ Delete  
STREET ADDRESS 1057 E JOHN SIMS PARKWAY  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE TD  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:**

*Lilly Sloan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/06 (850) 585-1408**  
Date Daytime Phone #