1/22/01-9

FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 09, 2001 8:00 am Secretary of State DOCUMENT # 735400 01-22-2001 90127 034 ****61.25 MERRITT ISLAND ROTARY FOUNDATION INC. Principal Place of Business Mailing Address P. O. BOX 541122 MERRITT ISLAND FL 32954 P. O. BOX 541122 MERRITTISLAND FL 32954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1688326 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOBBS, MARK 800 \$ BANANA RIVER DR MERRITT ISLAND FL 32952 City Zíp 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. SIGNATURE 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. secritar TITLE Defete TITLE Change Addition NAME FREDERICK, BILL NAME Jim ALL 131 S COURTNEY PKWY STREET ADDRESS 073 RED BUP CH. STREET ADDRESS CITY-ST-ZIF MERRITT ISLAND FL 32952 CITY-ST-ZIP ROCKHEDUE, FL 3295 ■ Addition TITLE ☐ Delete TITLE Change Change ROBINSKI, JEAN NAME NAME UL Hall DARBINIDA PU STREET ADDRESS 1345 N_COURTENAY PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP MERRITT ISLAND FL 32953 MERRITT ISLAND, FL 329 TITLE ☐ Delete TITLE President Etect A Change ☐ Addition OLNEY, TRISH NAME NAME Paul Vavala 343 N TROPICAL TRAIL, #301 STREET ADDRESS STREET ADDRESS 82 BEBYNED ROCK HEOLE CITY-ST. ZIE CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete TITLE TITLE Addition Reasurer LEIR, BORRESEN Brenda Me NAME NAME 326 MERRIT THOND STREET ADDRESS 1700 HARBOR OAKS PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MERRITT ISLAND FL 32953 MERKITT IGHAND. TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

SIGNATURE: .

NTED NAME OF SIGNING OFFICER OR DIRECTOR