## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 735400**

FILED Mar 15, 2007 Secretary of State

Entity Name: MERRITT ISLAND ROTARY FOUNDATION INC. **Current Principal Place of Business: New Principal Place of Business:** P. O. BOX 541122 MERRITT ISLAND, FL 32954 **Current Mailing Address: New Mailing Address:** P. O. BOX 541122 MERRITTISLAND, FL 32954 FEI Number: 59-1688326 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOBINSKI, JEAN STARKEY, JEAN 1365 N. COURTENAY PARKWAY 1365 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 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: JEAN STARKEY 03/15/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition FARRAR, BUD Name: Name: 21 RIVERSIDE DR 702 Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: Title: () Delete Title: () Change () Addition FREDERICK, BILL Name: Name: Address: 1385 FARRINGTON DR Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: () Delete Title: () Change () Addition MCBRIDE, JOSEPH D JR Name: Name: Address: 311 MAGNOLIA AVE Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition BONEBERGER, GREG Name: Name: WHITE, NORM 795 NEW HAMPTON WAY 428 SOUTH BREVARD AVENUE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: COCOA BEACH, FL 32931 Title: () Delete Title: (X) Change ( ) Addition DAIGNAULT, JOHN LEDFORD, GARY Name: Name: 1400 SYKES CREEK DR 1808 LAUREL OAK DRIVE Address: Address: ROCKLEDGE, FL 32955 City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH D. MCBRIDE JR. TR 03/15/2007