

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90134 028 ****61.25

DOCUMENT # 735711

1. Entity Name
DEERFIELD BEACH ROTARY CLUB, INC.



Principal Place of Business
**2801 COUNTRY CLUB BLVD
P.O. BOX 100
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**P.O. BOX 100
DEERFIELD BEACH, FL 33443 US**

4004833



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6163179

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

**BIRKMAN, ARLAN H
809 SE 8TH ST.
DEERFIELD BEACH, FL 33441**

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 **VP PRESIDENT** ☐ Delete
NAME **MILLER, JOSEPH**
STREET ADDRESS **1407 SW 1ST WAY**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

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

TITLE **D** ☒ Delete
NAME **ORTLIEB, JOSEPH**
STREET ADDRESS **7130 VIA FIRENZE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **VALERIE CURTIS**
STREET ADDRESS **845 SOUTH FED HWY**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **DIRECTOR** ☐ Delete
NAME **SANCHEZ, GEORGE**
STREET ADDRESS **2186 NE 59TH COURT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

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

TITLE **D** ☒ Delete
NAME **MONCURE, ROBERT**
STREET ADDRESS **741 WEST CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JOHN D. PRATO**
STREET ADDRESS **4401 NE 30TH TERRACE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **D** ☐ Delete
NAME **ANDERSON, MICHAEL**
STREET ADDRESS **820 NE 60TH ST.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

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

TITLE **VP** ☐ Delete
NAME **LONG, MICHAEL**
STREET ADDRESS **2086 GREENVIEW COVE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
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:

C. D. Day Admin Secy 4/14/06 954 630 9593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #