

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90144 031 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222008 Chg-NP CR2E037 (12/06)	
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 BIRKMAN, ARLAN H 809 SE 8TH ST. DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name <u>CHRISTIAN PARKS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4521 NW 7TH STREET</u> City <u>DEERFIELD BEACH FL</u> Zip Code <u>33442</u>		
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 <u>CHRISTIAN PARKS</u> DATE <u>04/22/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOSEPH 1407 SW 1ST WAY DEERFIELD BEACH, FL 33441 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARON DEGENER 419 HYACINTH DR DELRAY BEACH, FL 33483 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURTIS, VALERIE HACKETT 845 SOUTH FED HWY DEERFIELD BEACH, FL 33441 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE GALES 4721 NW 2ND AVE APT 403 BOCA RATON, FL 33431 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRADLING, BILL 5033 NW 100TH TERR CORAL SPRINGS, FL 33076 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH ORTLIEB 7130 VIA FIRENZE BOCA RATON, FL 33433 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRATO, JOHN D 4401 NE 30TH TERRACE LIGHTHOUSE POINT, FL 33064 ☐ Delete		D LONG, MICHAEL 2086 GREENVIEW COVE WELLINGTON, FL 33414 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLB, DON 7122 VIA FIRENZE BOCA RATON, FL 33433 ☐ Delete		D VALERIE HACKETT, V.P. 4/22/08 954 421 3868		
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: <u>Valerie Hackett</u> <u>4/22/08</u> <u>954 421 3868</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

VALERIE HACKETT, V.P.