


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90063 034 \*\*\*\*61.25

<b>DOCUMENT # 747416</b> 1. Entity Name THE ROTARY CLUB OF INDIALANTIC, FLORIDA, INC.		
---	--	---

Principal Place of Business PO BOX 3134 INDIALANTIC, FL 32903	Mailing Address PO BOX 3134 INDIALANTIC, FL 32903
---	---

2. Principal Place of Business - No P.O. Box # 1500 W. EAU GALLIE BLVD. Suite, Apt. #, etc. SUITE A City & State MELBOURNE, FL 32935 Zip 32935 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
---	--	---	--

01212007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6152299	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent HOLIDAY, MICHAEL 2351 W EAU GALLIE BLVD. #5 MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name KAISER, FRANK H. Street Address (P.O. Box Number is Not Acceptable) 1500 W. EAU GALLIE BLVD. SUITE A City MELBOURNE FL Zip Code 32935	
---	--	--	--

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 *Frank H. Kaiser* (NOTE: Registered Agent signature required when re-registering) DATE 1-29-07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 PD ANDERSON, JAY N 1030 ROCK SPRINGS DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD KAISER, FRANK H 1500 W. EAU GALLIE BLVD. MELBOURNE, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HOLLIDAY, MICHAEL 2351 W. EAU GALLIE BLVD. MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD SUTHERLAND, TODD 9390 FRANGIPANI DRIVE VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD NIC PHAIDIA, AILISH M 211 COCOA STREET SE PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD HEEB, BRUCE E 4907 WILD GRAPE WAY MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD WALKER, ESAIAS E 520 SEABREEZE DR. INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD HENDER, JEAN PO BOX 809 GRANT, FL 32949	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD KAISER, FRANK 3217 CAPPJO DRIVE MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bruce E. Heeb* BRUCE E. HEEB 1/21/2007 321-752-4091  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #