2008 NOT-FOR-PROFIT CORPORATION

Jan 22, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #747416** 01-22-2008 90066 037 ****61.25 THE ROTARY CLUB OF INDIALANTIC, FLORIDA, INC. Principal Place of Business Mailing Address 1500 W EAU GALLIE BLVD PO BOX 3134 INDIALANTIC, FL 32903 STF A MELBOURNE, FL 32935 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9390 FRANGIPANI DRIVE PO BOX 033134 Suite Ant # etc. Suite, Apt. #, etc. 01052008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-6152299 **VERO BEACH** INDIALANTIC Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32963 32903 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sutherland, Todd KAISER, FRANK H Street Address (P.O. Box Number is Not Acceptable) 1500 W EAU GAILLE BLVD 9390 Frangipani Drive STE A MELBOURNE, FL 32935 Zip Code 32963 Vero Beach 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 01/05/2008 TODD SUTHERLAND SIGNATURI Signature, typed or printed name of registered ag (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VĐ ■ Delete ☐ Change X Addition TITLE TITLE NAME KAISER, FRANK NAME SANDERSON, RETH 3630 KILLDEER COURT STREET ADDRESS 1500 W EAU GAILLE BLVD STREET ADDRESS MELBOURNE, FL 32904 CITY-ST-ZIP MELBOURNE, FL 32963 CITY-ST-ZIP Delete TITLE TITLE No Change ☐ Addition SUTHERLAND, TODD NAME SUTHERLAND, TODD 9390 FRANGIPANI DR 9390 FRANGIPANI DR STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TOTAL HEEB, BRUCE NAME 4907 WILD GRAPE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE WALKER, ESAIAS E NAME NALES 520 SEABREEZE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 32903 CITY-ST-ZIP VD Delete ☐ Change TITLE ☐ Addition TITS F KAISER, FRANCK NAME NAME STREET ADDRESS 3217 CAPPIO DRIVE STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE SD HENDER, JEAN NAME

FILED

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

P O BOX 809

GRANT, FL 32949

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Pruce & Heet B	BRUCE E. HEEB	01/05/2008	321-752-4091	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dare	Daytime Phone #	