

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90065 043 \*\*\*\*61.25

**DOCUMENT # 755774**

1. Entity Name  
**ROTARY CLUB OF OCEANSIDE DAYTONA BEACH, INC.**



Principal Place of Business  
**P.O. BOX 214011  
SOUTH DAYTONA, FL 32121**

Mailing Address  
**P.O. BOX 214011  
SOUTH DAYTONA, FL 32121**

40007059



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-6550584**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STONER, THOMAS W  
945 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☒ Delete  
NAME **ROLL, DANIEL O**  
STREET ADDRESS **P.O. BOX 9658**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32120**

TITLE **VD** ☐ Delete  
NAME **THORNTON, BRUCE**  
STREET ADDRESS **622 HALE MOON DR.**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **SD** ☐ Delete  
NAME **STONER, THOMAS W**  
STREET ADDRESS **2828 N. ATLANTIC AVENUE, #702**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **TD** ☐ Delete  
NAME **ZAHN, PETER A JR.**  
STREET ADDRESS **1709 S. PENINSULA DR.**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition  
NAME **DENNY CLIFT**  
STREET ADDRESS **2040 ORIOLE LANE**  
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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:

*Pete Zahn* **Pete Zahn** **Treas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/06 3862520070**

DATE Daytime Phone #