


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 759291
 1. Entity Name
 ROTARY CLUB OF ORMOND BEACH, INC.



Principal Place of Business C/O WILLIAM AKERS, III 120 E. GRANADA BLVD., P.O. BOX 2633 ORMOND BEACH, FL 32176-6630	Mailing Address C/O WILLIAM AKERS, III 120 E. GRANADA BLVD., P.O. BOX 2633 ORMOND BEACH, FL 32176-6630
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02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6209568	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
 AKERS, WILLIAM, III
 120 E. GRANADA BLVD., P.O. BOX 2633
 ORMOND BEACH, FL 32074

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILMEY, KENNETH G 120 JOHN ANDERSON DR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEITE, JAMES E ONE CREEK BEND WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DISCH, BRAD 58 E. GRANADA BLVD. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 -04/20/05-80067-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kenneth G. Gilme **4-16-05** (386) 672-8272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #