


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90104 045 \*\*\*\*61.25

|  |   |
|--|---|
| DOCUMENT # 759291<br>1. Entity Name<br>ROTARY CLUB OF ORMOND BEACH, INC. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>C/O WILLIAM AKERS, III<br>120 E. GRANADA BLVD., P.O. BOX 2633<br>ORMOND BEACH, FL 32176-6630 | Mailing Address<br>C/O WILLIAM AKERS, III<br>120 E. GRANADA BLVD., P.O. BOX 2633<br>ORMOND BEACH, FL 32176-6630 |
|---|---|

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01082007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br>59-6209568  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>AKERS, WILLIAM, III<br>120 E. GRANADA BLVD., P.O. BOX 2633<br>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 \_\_\_\_\_  
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<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT <u>GILKEY, KENNETH G.</u><br><del>GILMEY, KENNETH G.</del><br>120 JOHN ANDERSON DR<br>ORMOND BEACH, FL 32176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>CONNORS, KEVIN<br>769 JOHN ANDERSON<br>ORMOND BEACH, FL 32176   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>DISCH, BRAD<br>58 E. GRANADA BLVD.<br>ORMOND BEACH, FL 32176  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: *Kenneth G. Gilkey* 1/30/2007 386-672-8272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #