

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90154 034 ****61.25

DOCUMENT # N00000001155					
1. Entity Name THE ROTARY CLUB OF SEBASTIAN RECREATION FOUNDATION, INC.					
Principal Place of Business 6155 SOUTH MIRROR LAKE DRIVE #302 SEBASTIAN, FL 32958 US			Mailing Address P O BOX 781783 SEBASTIAN, FL 32978 US		
2. Principal Place of Business 2019 E. LAKEVIEW DR. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State SEBASTIAN FL		City & State			
Zip 32958	Country USA	Zip	Country	4. FEI Number 59-3608178	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FREDERICKS, ROBERT R 6155 SOUTH MIRROR LAKE DRIVE #302 SEBASTIAN, FL 32958					
7. Name and Address of New Registered Agent Name: ROBERT R. FREDERICKS Street Address (P.O. Box Number is Not Acceptable): 2019 E. LAKEVIEW DR City: SEBASTIAN FL Zip Code: 32958					
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: <i>Robert R. Fredericks</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 PD NAME JUTRAS, GEORGE STREET ADDRESS 608 LAYPORT DR. CITY-ST-ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE D NAME JUTRAS, GEORGE STREET ADDRESS 881 ROBIN LANE CITY-ST-ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CICHEWCZ, STAN STREET ADDRESS 626 SEMBLER ST. CITY-ST-ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE D NAME FREDERICKS, ROBERT R STREET ADDRESS 2019 E. LAKEVIEW DR CITY-ST-ZIP SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME FREDERICKS, ROBERT R STREET ADDRESS 6155 SOUTH MIRROR LAKE DRIVE #302 CITY-ST-ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE PD NAME DORIS SLEAGER STREET ADDRESS 958 WATER WAY DR CITY-ST-ZIP BAREFOOT BAY, FL 32916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JOE FALZONE STREET ADDRESS 12405 ROSELAND RD. CITY-ST-ZIP SEBASTIAN FL 32958	<input type="checkbox"/> Delete		TITLE D NAME JOE FALZONE STREET ADDRESS 12405 ROSELAND RD. CITY-ST-ZIP SEBASTIAN FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JOE FALZONE STREET ADDRESS 12405 ROSELAND RD. CITY-ST-ZIP SEBASTIAN FL 32958	<input type="checkbox"/> Delete		TITLE D NAME JOE FALZONE STREET ADDRESS 12405 ROSELAND RD. CITY-ST-ZIP SEBASTIAN FL 32958	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Robert R. Fredericks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/7/05 772-589-9386 <small>Date Daytime Phone #</small>		