

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004583

FILED  
Jan 03, 2005  
Secretary of State

**Entity Name:** MERRITT ISLAND BREAKFAST ROTARY FOUNDATION, INC.

**Current Principal Place of Business:**

58 EAST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

360 TANGERINE AVE  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

P O BOX 540574  
MERRITT ISLAND, FL 329540574

**New Mailing Address:**

**FEI Number:** 59-3660259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GANOE, RAY  
58 EAST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

DOVER, GARY  
PO BOX 540574  
MERRITT ISLAND, FL 32954 US

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.

SIGNATURE: GARY DOVER

01/03/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FINNEY, PHILLIP  
Address: 436 MAGNOLIA AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete  
Name: DOVER, GARY  
Address: 1750 PAWNGE TRL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD ( ) Delete  
Name: LIGSTER, MARY  
Address: 343 N TROPICAL TRL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WESTER, MARY  
Address: PO BOX 540574  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: TD (X) Change ( ) Addition  
Name: BARTKOWSKI, TOM  
Address: PO BOX 540574  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: SD (X) Change ( ) Addition  
Name: CARSWELL, KIM  
Address: PO BOX 540574  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: D ( ) Change (X) Addition  
Name: DOVER, GARY  
Address: PO BOX 540574  
City-St-Zip: MERRITT ISLAND, FL 32954

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY DOVER

D

01/03/2005

Electronic Signature of Signing Officer or Director

Date