2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-09-2006 90028 025 ****61.25

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01042006 Chg-NP CR2E037 (11/05)

DOCUMENT # N00000004583

1. Entity Name
MERRITT ISLAND BREAKFAST ROTARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
360 TANGERINE AVE MERRITT ISLAND, FL 32953	P O BOX 540574 MERRITT ISALND, FL 32954-0574

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip ____ Country ____	Zip ____ Country ____

4. FEI Number 59-3660259 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOVER, GARY PO BOX 540574 MERRITT ISLAND, FL 32954	Name: Gary Dover Street Address (P.O. Box Number is Not Acceptable): 360 Tangerine Ave City: Merritt Island 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WESTER, MARY PO BOX 540574 MERRITT ISLAND, FL 32954	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARTKOWSKI, Tom PO Box 540574 Merritt Island, Fl. 32954	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARTKOWSKI, TOM PO BOX 540574 MERRITT ISLAND, FL 32954	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OECHSNER, Ruth PO Box 540574 Merritt Island, Fl. 32954	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARSWELL, KIM PO BOX 540574 MERRITT ISLAND, FL 32954	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRELL, Marian PO Box 540574 Merritt Island, Fl 32954	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOVER, GARY PO BOX 540574 MERRITT ISLAND, FL 32954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Gary Dover 1-4-2006 (321)452-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #