

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004583

FILED
Jan 20, 2009
Secretary of State

Entity Name: MERRITT ISLAND BREAKFAST ROTARY FOUNDATION, INC.

Current Principal Place of Business:

360 TANGERINE AVE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

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:

DOVER, GARY
360 TANGERINE AVE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MARKS, STEVEN
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

Title: PD () Delete
Name: HARRELL, HARLAN
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

Title: SD () Delete
Name: FINNEY, PHIL
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

Title: D () Delete
Name: DOVER, GARY
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARKS, STEVEN
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

Title: D (X) Change () Addition
Name: HARRELL, HARLAN
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

Title: D (X) Change () Addition
Name: FINNEY, PHIL
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

Title: TD (X) Change () Addition
Name: STARKEY, KATHY
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

Title: SD () Change (X) Addition
Name: CITO, DENISE
Address: PO BOX 540574
City-St-Zip: MERRITT ISLAND, FL 329540574

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN MARKS

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date