


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 050 ****61.25

| | | | | | |
|--|-------------------------------------|---|--|---|--|
| DOCUMENT # N00849 1. Entity Name THE ROTARY CLUB OF PONTE VEDRA BEACH, INC. | | | |  | |
| Principal Place of Business MARSH LANDING COUNTRY CLUB PONTE VEDRA BCH, FL 32082 | | | Mailing Address P.O. BOX 70 PONTE VEDRA BEACH, FL 32004 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01042006 Chg-NP CR2E037 (11/05) | |
| Zip | | Country | | 4. FEI Number 59-2290514 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ISAAC, FRED 2468 ATLANTIC BLVD. JACKSONVILLE, FL 32207 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div> | | |
| 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 _____ <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, 2006 | | 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 | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAY, CHARLES | | NAME | | |
| STREET ADDRESS | 1360 OCEAN'S EDGE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BARBER, BRUCE | | NAME | President Barber, Bruce | |
| STREET ADDRESS | 3010 CYPRESS CREEK DR. E | | STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALLER, EDWARD | | NAME | President-Elect Waller, Edward | |
| STREET ADDRESS | 79 SAN JOSE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DORSA, LORRAINE | | NAME | | |
| STREET ADDRESS | 484 JAX DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | Best Secretary Smith, Kenneth | |
| STREET ADDRESS | | | STREET ADDRESS | 2883 Old Barn Rd W | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Ponte Vedra Beach, FL 32082 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Bruce Barber</i> Bruce Barber | | | 01-05-2006 904-9253774 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |