

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 011 ****61.25

DOCUMENT # N02000003743					
1. Entity Name EAU GALLIE ROTARY CHARITIES CORPORATION					
Principal Place of Business 1800 PENN ST STE 6 MELBOURNE, FL 32901			Mailing Address 1800 PENN ST STE 6 MELBOURNE, FL 32901		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04182006 Chg-NP CR2E037 (11/05)	
4. FEI Number 04-3696700				<input type="checkbox"/> 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	
WEISS, KURT C 1800 PENN STREET, SUITE 6 MELBOURNE, FL 32901				Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWBRIDGE, PHYLLIS <input type="checkbox"/> Delete 647 GREENWOOD MANOR CIRCLE MELBOURNE, FL 32904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB MICHAUD, ROBERT <input checked="" type="checkbox"/> Delete 6489 SHERIDAN RD MELBOURNE VILLAGE, FL 32904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WILLIAM <input checked="" type="checkbox"/> Delete 4669 CANARD RD MELBOURNE, FL 329348576				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROURK, JOHN <input type="checkbox"/> Delete 400 S RAMONA INDIAN LANTIC, FL 32951				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUNGART, RANDALL <input checked="" type="checkbox"/> Delete 140 PARK AVE SATELLITE BEACH, FL 32937				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board/D Strawbridge, Phyllis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 647 Greenwood Manor Circle West Melbourne, FL 32904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Durney, Paul <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 518 Bay Circle Indian Harbour Beach, FL 32907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Ohtre, Chad <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1904 Cedar Lane Melbourne Beach, FL 32951				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamilton, Nelson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 880 Inverness Avenue Melbourne, FL 32940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Phyllis Rice Strawbridge</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				04/25/06 321-724-4190 Date Daytime Phone #	

PHYLLIS RICE STRAWBRIDGE