
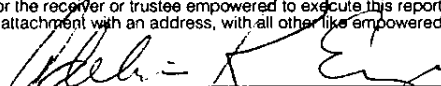


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90466 006 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3696700	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEISS, KURT C 1800 PENN STREET, SUITE 6 MELBOURNE, FL 32901				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	COBD STRAWBRIDGE, PHYLLIS 647 GREENWOOD MANOR CIR MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	O Laughlin, Brian 1731 Admiralty Blvd. Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DURNEY, PAUL 518 BAY CIR PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB/D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DHOTRE, CHAD 1904 CEDAR LANE MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ROURK, JOHN 400 S RAMONA INDIALANTIC, FL 32951	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/O Enzor, Dee 935 Alexia Street Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMILTON, NELSON 880 INVERNESS AVE MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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:  Dee Enzor 4/26/07 321-794-2133 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					