

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90413 017 ****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		4. FEI Number 04-3696700	
Zip		Country		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, 2008		9. Election Campaign Financing <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	D LAUGHLIN, BRIAN 1731 ADMIRALTY BLVD ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board/director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Laughlin, Brian 1731 Admiralty Blvd. Rockledge, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD DURNERY, PAUL 518 BAY CIR PALM BAY, FL 32907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DHOTRE, CHAD 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	DT ENZOR, DEE 935 ALEXIA STREET MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Langlois, Joe 4320 Winchester Road Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, NELSON 880 INVERNESS AVE MELBOURNE, FL 32940		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anderson, William Robert, Jr. 4320 Woodland Park Drive West Melbourne, FL 32905	
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: <u>Joe Langlois</u> <u>4/24/08</u> <u>321-777-1580</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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