## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003743

FILED Apr 27, 2009 Secretary of State

Entity Name: EAU GALLIE ROTARY CHARITIES CORPORATION

Current Principal Place of Business: New Principal Place of Business:

1800 PENN ST STE 6

MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

1800 PENN ST 1800 PENN ST

STE 6 SUITE 6

MELBOURNE, FL 32901 MELBOURNE, FL 32901

FEI Number: 04-3696700 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEISS, KURT C
1800 PENN STREET, SUITE 6
WEISS, KURT C
1800 PENN STREET

MELBOURNE, FL 32901 US SUITE 6
MELBOURNE, FL 32901 US

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: 04/27/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: CD () Delete Title: CD (X) Change () Addition

 Name:
 LAUGHLIN, BRIAN
 Name:
 ANDERSON, BUZ

 Address:
 1731 ADMIRALTY BLVD
 Address:
 3511 SAMUEL PLACE

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 MELBOURNE, FL 32934

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DHOTRE, CHAD
 Name:

 Address:
 1904 CEDAR LANE
 Address:

 City-St-Zip:
 MELBOURNE BEACH, FL 32951
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 LANGLOIS, JOE
 Name:

 Address:
 420 WINCHESTER ROAD
 Address:

 City-St-Zip:
 SATELLITE BEACH, FL 32937
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HAMILTON, NELSON
 Name:

 Address:
 880 INVERNESS AVE
 Address:

 City-St-Zip:
 MELBOURNE, FL 32940
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: ANDERSON, WILLIAM R JR Name: COBB, KATHY

Address: 4320 WOODLAND PARK DRIVE Address: 3865 NORTH WICKHAM ROAD City-St-Zip: WEST MELBOURNE, FL 32905 City-St-Zip: MELBOURNE, FL 32935

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: BUZ ANDERSON CHAR 04/27/2009

Electronic Signature of Signing Officer or Director

Date