

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003743

FILED  
Apr 24, 2010  
Secretary of State

**Entity Name:** EAU GALLIE ROTARY CHARITIES CORPORATION

**Current Principal Place of Business:**

1800 PENN ST  
STE 6  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1800 PENN ST  
SUITE 6  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 04-3696700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEISS, KURT C  
1800 PENN STREET  
SUITE 6  
MELBOURNE, FL 32901 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: ALTERMAN, ROY A  
Address: 2155 PALM BY ROAD NE  
City-St-Zip: PALM BAY, FL 32905

Title: SD  
Name: TURNER, ERIC  
Address: 610 YOUNG STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: TD  
Name: LANGLOIS, JOE  
Address: 420 WINCHESTER ROAD  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D  
Name: HAMILTON, NELSON  
Address: 880 INVERNESS AVE  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: COBB, KATHY  
Address: 3865 NORTH WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32935

Title: D  
Name: ANDERSON, BUZ  
Address: 3511 SAMUEL PLACE  
City-St-Zip: MELBOURNE, FL 32934

I hereby 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 all other like empowered.

SIGNATURE: ROY A. ALTERMAN

CD

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date