


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90160 025 ****62.50

DOCUMENT # N02196	
1. Entity Name ROTARY CLUB OF EDGEWATER, FLORIDA, INC.	

Principal Place of Business 3220 SR 442 EDGEWATER, FL 32132	Mailing Address P.O. BOX 673 EDGEWATER, FL 32132
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04252006 Chg-NP	CR2E037 (11/05)
4. FEI Number 59-2411362	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	
ALDRIDGE, ED 3220 SR 442 EDGEWATER, FL 32132	

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.	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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ALDRIDGE, ED
STREET ADDRESS	3220 S.R. 442
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	T <input type="checkbox"/> Delete
NAME	DAILY, JIM
STREET ADDRESS	3022 ORANGE TREE DR.
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	D <input type="checkbox"/> Delete
NAME	ROBERTS, DON
STREET ADDRESS	2712 TRAVELERS PALM DR
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	D <input type="checkbox"/> Delete
NAME	ROSSITER, BILL
STREET ADDRESS	PO BOX 388
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	S <input type="checkbox"/> Delete
NAME	NOLLIESLAGER, DAVID
STREET ADDRESS	854 CHICKADEE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	DATE: 4/20/06	DAYTIME PHONE: 386 409 0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		