

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02196

FILED
Apr 09, 2007
Secretary of State

Entity Name: ROTARY CLUB OF EDGEWATER, FLORIDA, INC.

Current Principal Place of Business:

3220 SR 442
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 673
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-2411362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDRIDGE, ED
3220 SR 442
EDGEWATER, FL 32132 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: P () Delete
Name: ALDRIDGE, ED
Address: 3220 S.R. 442
City-St-Zip: EDGEWATER, FL 32132

Title: T () Delete
Name: DAILY, JIM
Address: 3022 ORANGE TREE DR.
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: ROBERTS, DON
Address: 2712 TRAVELERS PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: ROSSITER, BILL
Address: PO BOX 388
City-St-Zip: EDGEWATER, FL 32132

Title: S () Delete
Name: NOLLIESLAGER, DAVID
Address: 854 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LONG, BO
Address: 900 S. RIVERSIDE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T (X) Change () Addition
Name: WILSON, GERMAINE
Address: 45 TIMBER TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: S (X) Change () Addition
Name: FRASE, BARBARA
Address: 1722 PINE TREE DR
City-St-Zip: EDGEWATER, FL 32132

Title: VP (X) Change () Addition
Name: HOLMES, STEVE
Address: 735 HAWKS RIDGE RD
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: DOLLIESLAGER, DAVID
Address: 854 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Change (X) Addition
Name: SEYMOUR, KEVIN
Address: 2936 PINE TREE DR.
City-St-Zip: EDGEWATER, FL 32141

I hereby certify that the information supplied with this filing does not qualify for the 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: GERMAINE WILSON

T

04/09/2007

Electronic Signature of Signing Officer or Director

Date