

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02196

FILED  
Jan 29, 2008  
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: LONG, BO  
Address: 900 S. RIVERSIDE DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DOLLIESLAGER, DAVE  
Address: 854 CHICKADEE DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ROBERTS, GREG  
Address: 2423 VISTA PALM  
City-St-Zip: EDGEWATER, FL 32141

Title: D (X) Change ( ) Addition  
Name: SCHMIDT, DON  
Address: 1723 LIME TREE DR  
City-St-Zip: EDGEWATER, FL 32132

Title: D (X) Change ( ) Addition  
Name: ROSSITER, BILL  
Address: P.O. BOX 388  
City-St-Zip: EDGEWATER, FL 32132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERMAINE WILSON

T

01/29/2008

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

\_\_\_\_\_  
Date