

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90063 035 \*\*\*\*61.25

**DOCUMENT # N03000009517**

1. Entity Name  
INDIALANTIC ROTARY CLUB FOUNDATION, INC.



Principal Place of Business  
1500 W. EAU GALLIE BLVD  
SUITE A  
MELBOURNE, FL 32935

Mailing Address  
PO BOX 033134  
INDIALANTIC, FL 32903-3134



01212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0712215

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KAISER, FRANK  
1500 W. EAU GALLIE BLVD  
SUITE A  
MELBOURNE, FL 32935

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-07

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KAISER, FRANK H  
STREET ADDRESS 1500 W. EAU GALLIE BLVD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VD  
NAME SUTHERLAND, TODD  
STREET ADDRESS 9390 FRANGIPANI DRIVE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE TD  
NAME HEEB, BRUCE  
STREET ADDRESS 4907 WILD GRAPE WAY  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE SD  
NAME HENDER, JEAN  
STREET ADDRESS PO BOX 809  
CITY-ST-ZIP GRANT, FL 32949

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** Bruce E. Heeb BRUCE E. HEEB 1/21/2007 321-752-4091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #