

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 011 ****61.25

DOCUMENT # N05000000278

1. Entity Name

THE ROTARY CLUB OF PONTE VEDRA BEACH SUNSET,
INC.



Principal Place of Business

Mailing Address

P.O. BOX 612
PONTE VEDRA BCH FL 32082

P.O. BOX 612
PONTE VEDRA BCH FL 32004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

20-1675015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENSON, DEBORAH E
13064 QUINCY BAY DR
JACKSONVILLE FL 32224

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BANYAS, WAINE	
STREET ADDRESS	P.O. BOX 612	
CITY - ST - ZIP	PONTE VEDRA BCH FL 32004	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HENSON, DEBORAH	
STREET ADDRESS	P.O. BOX 612	
CITY - ST - ZIP	PONTE VEDRA BCH FL 32004	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DANZIG, STEPHEN D	
STREET ADDRESS	P.O. BOX 612	
CITY - ST - ZIP	PONTE VEDRA BCH FL 32004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Mike Anderson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 612	
STREET ADDRESS	PRB, FL 32082	
CITY - ST - ZIP		
TITLE	Kevin Wortmann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 612	
STREET ADDRESS	PRB, FL 32082	
CITY - ST - ZIP		
TITLE	Carol Maurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 612	
STREET ADDRESS	PRB, FL 32082	
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

904-838-7822

Date

Daytime Phone #