


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90019 048 \*\*\*\*61.25

<b>DOCUMENT # N05000003021</b>					
<b>1. Entity Name</b> DELAND BREAKFAST ROTARY CLUB, INC.					
<b>Principal Place of Business</b> 408 E RICH AVE DELAND, FL 32724			<b>Mailing Address</b> 408 E RICH AVE DELAND, FL 32724		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. BOX 1346 Suite, Apt. #, etc.			
<b>City &amp; State</b> DELAND, FLORIDA		<b>4. FEI Number</b> 59-2546758		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Zip</b> 32721-1346		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BAILEY, WILLIAM G 408 E RICH AVE DELAND, FL 32724			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> RINTZ, RICHARD 39 LYON DR DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> MEARS, DEREK 2239 LAKE RUBY ROAD DELAND, FLORIDA 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> BECHTOL, THOMAS PO BOX 4682 DELAND, FL 32721	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> SNYDER, BERRY 771 HELEN AVENUE DELAND, FLORIDA 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> HOUCK, JAMES D 3699 CROSS BRANCH RD DELAND, FL 32724	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> FLOWERS, W BEN 1800 MERCERS HAMMOCK CT. DELAND, FLORIDA 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> FLOWERS, W BEN 1800 MERCERS FERNERY RD DELAND, FL 32724	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> THORNE, DANIEL 1615 RIDGEWOOD STREET DELAND, FLORIDA 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> BAILEY, WILLIAM G 408 E RICH AVE DELAND, FL 32708	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> WATTS, MARK 200 W. WASHINGTON AVENUE DELAND, FLORIDA 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> JONES, CECIL 527 W WISCONSIN AVE DELAND, FL 32720	<input checked="" type="checkbox"/> Delete	<b>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.</b>		
<b>SIGNATURE:</b> <u>William G. Bailey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/01/06</b> <small>Date</small>		<b>386-738-4891</b> <small>Daytime Phone #</small>