## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # N05000003021** 04-16-2007 90058 027 \*\*\*\*61.25 1. Entity Name DELAND BREAKFAST ROTARY CLUB, INC. Principal Place of Business 400021 Mailing Address **408 E RICH AVE** POB 1346 DELAND, FL 32724 DELAND, FL 32721-1346 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2546758 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, WILLIAM G 408 E RICH AVE Street Address (P.O. Box Number is Not Acceptable) DELAND, FL 32724 City Zip Code FL 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 il applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE Delete TITLE ☐ Change Addition RAYMOND H. HEFFINGTON MEARS, DEREK NAME NAME 815 LAKE CRIVE 2239 LAKE RUBY RD D STREET ADDRESS STREET ADDRESS DELAND, FLORIDA 32724 DELAND, FL 32724 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE ☐ Change MICHAEL W. BROOKS SNYDER, BERRY NAME NAME 865 HANOVER ROAD STREET ADDRESS 771 HELEN AVE STREET ADDRESS D CITY- ST-ZIP DELAND, FL 32720 CITY-ST-ZIP DELAND, FLORIDA 32724 TITLE Delete TITLE ☐ Change Addition HOUCK, JAMES D NAME PHILLIP R. MARTIN NAME STREET ADDRESS 3699 CROSS BRANCH RD STREET ADDRESS D 1498 RED PLUM HOLLOW CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP DELAND, FLORIDA 32720 Delete TITLE TITLE ☐ Change Addition FLOWERS, W BEN NAME NAME RUSSELL L. KELTON STREET ADDRESS 1800 MERCERS HAMMOCK CT STREET ADDRESS 816 WEST WISCONSIN CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP DELAND, FLORIDA 32720 ☐ Delete TITLE TITLE ☐ Change Addition BAILEY, WILLIAM G NAME NAME STREET ADDRESS 408 E RICH AVE STREET ADDRESS CITY-ST-ZIP DELAND, FL 32708 CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition WATTS, MARK NAME NAME 200 W WASHINGTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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

OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like emgowered, WILLIAM G BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SM

FILED