

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003021

FILED  
Mar 08, 2010  
Secretary of State

**Entity Name:** DELAND BREAKFAST ROTARY CLUB, INC.

**Current Principal Place of Business:**

408 E RICH AVE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1346  
DELAND, FL 327211346

**New Mailing Address:**

**FEI Number:** 59-2546758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAILEY, WILLIAM G  
408 E RICH AVE  
DELAND, FL 32724 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: D  
Name: CRUMP, STEVEN  
Address: 701 JOHNSON LAKE ROAD  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D  
Name: ARMSTRONG, JAMES L  
Address: 436 NORTH MARYDEL AVENUE  
City-St-Zip: DELAND, FL 32720

Title: D  
Name: GROSE, ANDREW F  
Address: 136 CRYSTAL OAK DRIVE  
City-St-Zip: DELAND, FL 32720

Title: P  
Name: THORNE, DANIEL C  
Address: 1615 RIDGEWOOD STREET  
City-St-Zip: DELAND, FL 32724

Title: D  
Name: BAILEY, WILLIAM G  
Address: 408 E RICH AVE  
City-St-Zip: DELAND, FL 32708

Title: D  
Name: HAYWARD, MARK C  
Address: 604 JOHN THOMAS AVENUE  
City-St-Zip: DELAND, FL 32724

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM G., BAILEY

D

03/08/2010

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

\_\_\_\_\_  
Date