

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90859 022 ****61.25

DOCUMENT # N05000007747 1. Entity Name THE EXCHANGE CLUB OF SEBASTIAN, INC.					
Principal Place of Business P O BOX 781155 SEBASTIAN, FL 32958 11			Mailing Address P O BOX 781155 SEBASTIAN, FL 32958 11		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2330945	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DONINI, ANTHONY M 1623 US HWY 1 SUITE B-4 SEBASTIAN, FL 32958				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLINN, NANCY 8720 SHORE LANE VERO BEACH, FL 32967	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOLIO, BETTY L P O BOX 780141 SEBASTIAN, FL 32978	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRAZINA, BARBARA L 805 INDIAN RIVER DRIVE SEBASTIAN, FL 32958	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WETHERALD, VIRGINIA M 956 20 STREET SUITE 101 VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 I am empowered.					
SIGNATURE: <u>Nancy Flinn</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4/26/07</u> Daytime Phone #: <u>772 585-4383</u>					

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