

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05581** (6)
1. Corporation Name
ROTARY CLUB OF EAU GALLIE, FLORIDA, INCORPORATED

Principal Place of Business

211 S. NEWMAN AVE
PO BOX 380601
MELBOURNE FL 32936-7301

Mailing Address

211 S. NEWMAN AVE
PO BOX 380601
MELBOURNE FL 32936-7301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1984** 3a. Date of Last Report **06/13/1994**
4. FEI Number **59-2580472** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTHERLAND, JAY
1488 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

81 Name **Mike Renfro**
82 Street Address (P.O. Box Number is Not Acceptable) **700 N. Wickham Road**
83 **Suite 210**
84 City **Melbourne** FL 85 Zip Code **32935**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mike Renfro **Mike Renfro, President 3-23-95**
Signature, typed or printed name of registered agent only if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SUTHERLAND, JAY**
STREET ADDRESS **P. O. BOX 380501 N/A**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **SD**
NAME **SUKOLSKY, ROBERT**
STREET ADDRESS **320 POMPANO DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **TD**
NAME **FORSYTH, DIANE**
STREET ADDRESS **1300 S. BABCOCK STREET**
CITY-ST-ZIP **MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Mike Renfro**
1.3 STREET ADDRESS **700 N. Wickham Rd, Suite 210**
1.4 CITY-ST-ZIP **Melbourne, FL 32935**

2.1 TITLE **S/D** ☒ Change ☐ Addition
2.2 NAME **Kurt Weiss**
2.3 STREET ADDRESS **1401 S. Harbor City Blvd, Suite 805**
2.4 CITY-ST-ZIP **Melbourne, FL 32901**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Rob Pickett**
3.3 STREET ADDRESS **700 N. Wickham Rd, Suite 210**
3.4 CITY-ST-ZIP **Melbourne, FL 32935**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mike Renfro **President Mike Renfro 3-23-95**
Signature and typed or printed name of signing officer or director Date Daytime Phone #