

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

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1. Corporation Name

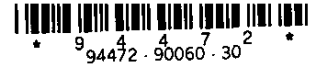
ROTARY CLUB OF EAU GALLIE, FLORIDA, INCORPORATED

Principal Place of Business

211 S NIEMAN AVE
MELBOURNE FL 32901
US

Mailing Address

P O BOX 360501
MELBOURNE FL 32936-7501
US



2. Principal Place of Business

21 964 S Harbor City Blvd

Suite, Apt. #, etc.

22

City & State

23 Melbourne FL

Zip

24 32901

Country

25 US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

10/10/1984

4. FEI Number

59-2590472

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

9. Name and Address of Current Registered Agent

LANGLOIS, JOSEPH R
700 BAGCOCK ST
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME VANZANTE, WILLIAM
STREET ADDRESS 2475 GRASSMERE DR
CITY-ST-ZIP W MELBOURNE FL 32904

TITLE SD ☐ DELETE

NAME LANGLOIS, JOSEPH R
STREET ADDRESS 700 S BALCOCK ST
CITY-ST-ZIP MELBOURNE FL 32901

TITLE TD ☐ DELETE

NAME JOHNSON, ROBERT W
STREET ADDRESS 1164 HOUSTON ST
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME JOHN ROURK
1.3 STREET ADDRESS 400 S ROMANA AVE
1.4 CITY-ST-ZIP INDIAN LANTIC FL 32903

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph
LANGLOIS

1/9/99

407
777 1580

Date

Daytime Phone #

CR2E037 (11/98)