1/17

DOCUMENT # N05581

1. Entity Name

ROTARY CLUB OF EAU GALLIE, FLORIDA, INCORPORATED

FILED
Feb 15, 2001 8:00 am
Secretary of State
01-17-2001 90076 037 ****61.25

Principal Place of Business	Mailing Address
964 S/ HARBOR CITY BLVD. MELBOURNE FL 32901 US	P O BOX 360501 MELBOURNE FL 32936-7501 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
684 N. HARBOR CITY BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State
Zip: 32935 Country: USA	Zip Country

4. FEI Number: 59-2590472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, WILLIAM 684 W HARBOR CITY BLVD MELBOURNE FL 32935	Name Street Address (P.O. Box Number is Not Acceptable): 684 N HARBOR CITY BLVD City: FL Zip Code

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.

SIGNATURE: William M. Anderson WILLIAM M. ANDERSON, SEC'Y 1/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROURK, JOHN 400 S. ROMENA AVE. INDIALANTIC FL 32903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LANGLOIS, JOSEPH R 700 S. BABCOCK ST MELBOURNE, FL 32901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANGLOIS, JOSEPH R 700 S BALCOCK ST MELBOURNE FL 32901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ANDERSON, WILLIAM M 684 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, ROBERT W 1164 HOUSTON ST MELBOURNE FL 32935	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MICHAUD, ROBERT P. 6489 SHERIDAN RD. W. MELBOURNE, FL 32904	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DURNEY, DR. PAUL 1770 SHOREVIEW DR. INDIALANTIC, FL 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NUTTALL, ALFRED 1919 N. HWY. A1A, #204 INDIAN HARBOUR BEACH, FL 32937	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR STRAWBRIDGE, PHYLLIS R. 647 GREENWOOD MANOR CIRCLE W. MELBOURNE, FL 32904	☐ Change ☑ Addition

CR2E037 (10/00)

12. 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 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 like empowered.

SIGNATURE: William M. Anderson WILLIAM M. ANDERSON 1/6/01 (321)254-4163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #