2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

| Pincipal Place of Dusirioss | DOCUMENT # N05581 1. Entity Name ROTARY CLUB OF EAU GALLIE, FLORIDA, INCORPORATED | | | | | | 06 90183 012 ****6 | 51.25 |
|--|---|---|------------------------------|---|--|--|--|--------------------|
| Suite, Apt. #, etc. Suite, Ap | 1800 PENN S | STREET | 1800 PENN STREET -SUITE-D | DO PENN STREET Te-b | | | 10) ACEN 816N 818N 818N 818N 818N 818N | |
| City 6 State City 7 State Country S. Certificate of State Desired S8.755 Additional Fee Required Res Required Res Required To. Name and Address of New Registered Agent To. Name and Address of New Registered Agent Sirel Address (P.O. Box Number is Not Acceptable) Difference of Policy in Number is Not Acceptable) Sirel Address (P.O. Box Numb | 2. Principal Pl | face of Business | 3. Mailing Address | iling Address | | | <u> </u> | |
| S9-2590472 Not Applicable S9-2590472 Not Applicable S9-2590472 Not Applicable S9-2590472 S9-2 | | | - i/ | • | | 06 Chg-NP | CR2E037 (11/05) | |
| S. Corridates of Sature Desired Fee Required S. Corridates of Sature Desired Fee Required Fee Required To Name and Address of New Registered Agent To Address of New | | | City & State | ity & State | | | ├ | • |
| WEISS, KURT C 1800 PENN STREET OUTFORM 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. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. FILING FEE is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ITIE MAKE MICHAUD, ROBERT MAKE CITY-ST-2P MELBOURNE, FL 32904 TILE MAKE ROURK, JOHN STREET ADDRESS INDIALANTIC, FL 32943 OTY-ST-2P INDIALANTIC, FL 32943 OTY-ST-2P INDIALANTIC, FL 32940 Delete MAKE DURNEY, PAUL STREET ADDRESS OTH-ST-2P INDIALANTIC, FL 32940 Delete MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 Delete MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 Delete MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS STREET ADDRESS OTH-ST-2P MELBOURNE, FL 32900 TILE MAKE STREET ADDRESS STREET ADDRES | Žip | Country | Zip | Country | 5. Certific | ate of Status Desired | | |
| WEISS, KURT C 1800 PENN STREET 9UTE-5 MELBOURNE, FL 32901 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Tilling Fee is \$61.25 | | 6. Name and Address of Current R | egistered Agent | | 7. Name | and Address of New | Registered Agent | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite # 6 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Filling Fee is \$81.25 Due by May 1, 2006 Filling Fee is \$81.25 Filling Fee is \$81.25 | WEISS KLIDT C | | | Name | Name | | | |
| Suite #6 | 1800 PENN STREET | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Sign | | RNE, FL 32901 | | Suite | |) | | |
| SIGNATURE Signature, toped or provide name of registered agent and side if applicable. (NOTE Registered Agent signature required when remistating) DATE | | | | City | | | | |
| Trust Fund Corribution. Addied to Fees Florida Department of State 10. | the obligati | ions of registered agent. | | | | | | and accept |
| TITLE PPD MICHAUD, ROBERT Addition MICHAUD, ROBERT Addition MICHAUD, ROBERT MELBOURNE, FL 32904 MELBOURNE, FL 32943 MELBOURNE, FL 32904 MELBOURNE, FL 32940 MELBOURNE, FL 32904 | | | | | | | | |
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| CITY-ST-ZIP West Melbourne, FL 32904 12. I hereby certify that the information supplied with this filips 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 data my signature shall have the same legal effect as if made under oath; that I am an officer or director. | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | PPD MICHAUD, ROBERT 6489 SHERIDAN ROAD MELBOURNE, FL 32904 T ROURK, JOHN 400 S RAMONA AVENUE INDIALANTIC, FL 32943 PED DURNEY, PAUL 518 BAY CIRCLE MELBOURNE, FL 32904 D LAUGHLIN, BRIAN 4902 ERIN LANE MELBOURNE, FL 32940 PD RICE, PHYLLIS 647 GREENWOOD MANOR CIRC | Trust Fund Co | ONT/DUTION. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | President, Ourney, Pa 518 Bay (Indian Har President Laughlin 17311 Adi Rockledg Past Presi Strawbric 647 Gree | Oirector Lircle bor Beach, 1 Elect/Director niralty Blv e, FL 329 deat/Director day, Phyllis alwood Man | Change Change | Addition Addition |

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 trusten 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 approved 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 approved.

PRESIDENT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 18 200 (221) 95-1234