

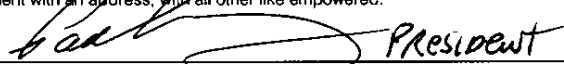


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90183 012 ****61.25

DOCUMENT # N05581 1. Entity Name ROTARY CLUB OF EAU GALLIE, FLORIDA, INCORPORATED					
Principal Place of Business 1800 PENN STREET SUITE B MELBOURNE, FL 32901 US			Mailing Address 1800 PENN STREET SUITE B MELBOURNE, FL 32901 US		
2. Principal Place of Business Suite, Apt. #, etc. Suite # 6 City & State		3. Mailing Address Suite, Apt. #, etc. Suite # 6 City & State		<div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">40066265</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03232006 Chg-NP CR2E037 (11/05) </div>	
Zip Country		Zip Country		4. FEI Number 59-2590472	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEISS, KURT C 1800 PENN STREET SUITE B MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PPD MICHAUD, ROBERT 6489 SHERIDAN ROAD MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROURK, JOHN 400 S RAMONA AVENUE INDIALANTIC, FL 32943	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED DURNEY, PAUL 518 BAY CIRCLE MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Durney, Paul 518 Bay Circle Indian Harbor Beach, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN, BRIAN 4902 ERIN LANE MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect/Director Laughlin, Brian 17310 Admiralty Blvd. Rockledge, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, PHYLLIS 647 GREENWOOD MANOR CIRCLE WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President/Director strawbridge, Phyllis 647 Greenwood Manor Circle West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Anderson, Buz 4320 Woodland Park Drive West Melbourne, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE:  President			Date Apr 18 2006 (221) 952-1234		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul Durney					