

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90413 018 ****61.25

DOCUMENT # N05581

1. Entity Name
**ROTARY CLUB OF EAU GALLIE, FLORIDA,
INCORPORATED**



Principal Place of Business
**1800 PENN STREET
SUITE 6
MELBOURNE, FL 32901 US**

Mailing Address
**1800 PENN STREET
SUITE 6
MELBOURNE, FL 32901 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2590472

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WEISS, KURT C
1800 PENN STREET
SUITE 6
MELBOURNE, FL 32901**

Name

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☒ Delete
NAME **TD**
STREET ADDRESS **ENZOR, DEE**
CITY-ST-ZIP **935 ALEXIA STREET
MELBOURNE, FL 32935**

TITLE ☐ Change ☒ Addition
NAME **Treasurer/director**
STREET ADDRESS **Michaud, Robert**
CITY-ST-ZIP **6489 Sheridan Road
Melbourne Village, FL 32904**

TITLE ☒ Delete
NAME **PPD**
STREET ADDRESS **DURNEY, PAUL**
CITY-ST-ZIP **518 BAY CIRCLE
INDIAN HARBOUR BEACH, FL 32907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LAUGHLIN, BRIAN**
CITY-ST-ZIP **1731 ADMIRALTY BLVD.
ROCKLEDGE, FL 32955**

TITLE ☒ Change ☐ Addition
NAME **Past President/director**
STREET ADDRESS **Laughlin, Brian**
CITY-ST-ZIP **1731 Admiralty Blvd.
Rockledge, FL 32955**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **TURNER, ERIC**
CITY-ST-ZIP **4581 BELLALUNA DRIVE
WEST MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PED**
STREET ADDRESS **ANDERSON, ANDERSON B**
CITY-ST-ZIP **4320 WOODLAND PARK DRIVE
WEST MELBOURNE, FL 32904**

TITLE ☒ Change ☐ Addition
NAME **President/director**
STREET ADDRESS **Anderson, William Robert Jr.**
CITY-ST-ZIP **4320 Woodland Park Drive
West Melbourne FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **President Elect/director**
STREET ADDRESS **Altman, Roy**
CITY-ST-ZIP **2115 Palm Bay Road NE
Palm Bay, FL 32905**

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: **Robert P. Michaud** **Robert P. Michaud** 4/22/2008 321-729-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #