## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004295

FILED Mar 15, 2007 Secretary of State

Entity Name: MERRITT ISLAND ROTARY CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 677 DAVE NISBET DRIVE, SUITE 110 PORT CANAVERAL, FL 32920 **Current Mailing Address: New Mailing Address:** P.O. BOX 541122 MERRITT ISLAND, FL 32954 FEI Number: 59-6177444 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLNEY, PATRICIA K 677 DAVE NISBET DRIVE, SUITE 110 PORT CANAVERAL, FL 32920 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition DAIGNAULT, JOHN Name: Name: 1400 SYKES CREEK DRIVE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: LEDFORD, GARY Name: Address: 1808 LAUREL OAK DRIVE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FARRAR, BUD Name: WHITE, NORM Name: 21 RIVERSIDE DRIVE #702 428 SOUTH BREVARD AVENUE Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: COCOA BEACH, FL 32931 Title: ( ) Delete Title: () Change () Addition BONENBERGER, GREG Name: Name: Address: 795 NEW HAMPTON Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: DT () Delete Title: () Change () Addition MCBRIDE, DAN Name: Name: 311 MAGNOLIA AVENUE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: () Delete Title: () Change () Addition FREDERICK, BILL Name: Name: Address: 275 MAGNOLIA AVE., SUITE 2 Address: MERRITT ISLAND, FL 32952 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN MCBRIDE DT 03/15/2007