

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 049 ****61.25

DOCUMENT # N06000006872 1. Entity Name PONTE VEDRA BEACH ROTARY SUNSET CHARITIES, INC.					
Principal Place of Business 200 SOLANA RD., SUITE A PONTE VEDRA BCH FL 32082		Mailing Address 200 SOLANA RD., SUITE A PONTE VEDRA BCH FL 32082			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4952961	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BANYAS, WAINE M 200 SOLANA RD., SUITE A PONTE VEDRA BCH FL 32082				7. Name and Address of New Registered Agent 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 reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY, ST, ZIP	D BANYAS, WAINE M 200 SOLANA RD., SUITE A PONTE VEDRA BCH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MELCHING, STEPHEN D 200 SOLANA RD., SUITE A PONTE VEDRA BCH FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	D Deborah Henson 330 AIA N, Ste 324 Ponte Vedra FL 32082 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MENCKE, JOHN G 200 SOLANA RD., SUITE A PONTE VEDRA BCH FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	Mike Anderson 200 Solana Rd Suite A PVB FC 32082 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Deborah Henson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/2/07 904-473-1431 Date		