


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90371 012 ****61.25

DOCUMENT # N29449 1. Entity Name ROTARY CLUB OF SEBASTIAN, INC.					
Principal Place of Business BOX 781783 SEBASTIAN, FL 32978-8783			Mailing Address BOX 781783 SEBASTIAN, FL 32978-8783		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 65-0089967
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FREDERICKS, ROBERT R 2019 E LAKEVIEW DR SEBASTIAN, FL 32958				7. Name and Address of New Registered Agent Name <u>Rosemarie Mascarenhas</u> Street Address (P.O. Box Number is Not Acceptable) <u>883 Toluca St SE</u> City <u>Palm Bay</u> <u>FL</u> Zip Code <u>32909</u>	
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 <u>Rosemarie Mascarenhas</u> <u>Treasurer</u> <u>4/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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	PD SLEEGER, DORIS J 958 WATERWAY DR SEBASTIAN, FL 32976	<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	TD FREDERICKS, ROBERT 2019 E LAKEVIEW DR SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE <u>SD</u> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCZYK, JOE 609 CARAVAN TERR. SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALZONE, JOE 12405 ROSELAND DR SEBASTIAN, FL 32958	<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	SD MASCARENHAS, ROSE 883 TOLUCA SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE <u>TD</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, JOEL 22 N. MULBERRY ST. FELLSMERE, FL 32948	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u>Rosemarie Mascarenhas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/13/06</u> <u>772-589-0633</u> <small>Date Daytime Phone #</small>	