

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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**



01192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0089967

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASCARENHAS, ROSEMARIE
883 TOLUCA ST, SE
PALM BAY, FL 32909**

**DO NOT WRITE
IN THIS SPACE**

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 instituting)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLEEGER, DORIS J
STREET ADDRESS	958 WATERWAY DR
CITY-ST-ZIP	SEBASTIAN, FL 32976
TITLE	SD
NAME	HOOPFER, MONA
STREET ADDRESS	7825 101ST ST
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	HOLDEN, KRISS
STREET ADDRESS	POB 781783
CITY-ST-ZIP	SEBASTIAN, FL 32978
TITLE	D
NAME	FALZONE, JOE
STREET ADDRESS	12405 ROSELAND DR
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	TD
NAME	MASCARENHAS, ROSEMARIE
STREET ADDRESS	883 TOLUCA ST, SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	D
NAME	TYSON, JOEL
STREET ADDRESS	22 N. MULBERRY ST.
CITY-ST-ZIP	FELLSMERE, FL 32948

**DO NOT WRITE
IN THIS SPACE**

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01/26/07-80019-016 61:25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #