

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90116 049 ****61.25

DOCUMENT # N42640

1. Entity Name
ROTARY CLUB OF SUNTREE FOUNDATION, INC.



Principal Place of Business
**7400 N. WICKHAM RD.
MELBOURNE, FL 32940 US**

Mailing Address
**P O BOX 410278
MELBOURNE, FL 32941-0278 US**

20033693



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3103867

Applied For
☐ Not Applicable

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

~~INNAZZI, LOU~~ **IANNAZZI**
**575 TEMPLE ST.
SATELLITE BEACH, FL 32937**

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 *Lou Iannazzi*

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

(NOTE: Registered Agent signature required when reinstating)

4/7/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD ☒ Delete
NAME SIKES, CHARLES A
STREET ADDRESS 6395 ANCHOR LANE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE PD ☐ Change ☒ Addition
NAME PETER CASTELLO
STREET ADDRESS 1519 CYPRESS TRACE DR.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VPD ☒ Delete
NAME BARRY, JOHN H
STREET ADDRESS 4154 SAN YSIDRO WAY
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VPD ☐ Change ☒ Addition
NAME JERRY JAGROWSKI
STREET ADDRESS 884 SPANISH WOODS DR
CITY-ST-ZIP MELBOURNE FL 32940

TITLE SD ☐ Delete
NAME ~~IANNAZZI, LOU~~
STREET ADDRESS 575 TEMPLE ST.
CITY-ST-ZIP SATELLITE BEACH, FL 32137

TITLE SEC ☒ Change ☐ Addition
NAME LOUIS IANNAZZI

TITLE TD ☒ Delete
NAME BLIFFEN, JACK M
STREET ADDRESS 2016 DEERCROFT DRIVE
CITY-ST-ZIP VIERA, FL 32940

TITLE TD ☐ Change ☒ Addition
NAME MICHAEL MCGIER
STREET ADDRESS 501 KIMBERLY DR.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lou Iannazzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOU IANNAZZI

4/7/05 321.255-7765

Date

Daytime Phone #