

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90040 032 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                     |                                                                 |                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N49761</b><br>1. Entity Name<br><b>THE VERO BEACH ROTARY CHARITIES FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                     |                                                                 |                                                                                                       |  |
| Principal Place of Business<br>P.O. BOX 2013<br>VERO BEACH, FL 32960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                     | Mailing Address<br>POST OFFICE BOX 3224<br>VERO BEACH, FL 32964 |                                                                                                                                                                                        |  |
| 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<br><b>65-0416241</b>                                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                     |                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                     |                                                                 | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| BRACKINS, A. J.<br>2031 INDIAN ROVER BLVD.<br>VERO BEACH, FL 32960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                     |                                                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                     |                                                                 |                                                                                                                                                                                        |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                 | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                           |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                     |                                                                 |                                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DP                   | <input type="checkbox"/> Delete                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SCHUMANN, JOHN J JR  |                                                                                     | NAME                                                            |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1320 OLDE DOUBLOON   |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VERO BEACH, FL 32963 |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DT                   | <input type="checkbox"/> Delete                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BARTON, KATHRYN      |                                                                                     | NAME                                                            |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 675 DATE PALM ROAD   |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VERO BEACH, FL 32963 |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DS                   | <input type="checkbox"/> Delete                                                     | TITLE                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LAWER, STEVEN        |                                                                                     | NAME                                                            | LAWER, E. STEVEN                                                                                                                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3426 OCEAN DRIVE     |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VERO BEACH, FL 32968 |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DV                   | <input type="checkbox"/> Delete                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NUGENT, JAMES        |                                                                                     | NAME                                                            |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1785 CORAL WAY - N.  |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VERO BEACH, FL 32963 |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                     | NAME                                                            |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     | CITY-ST-ZIP                                                     |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                     | NAME                                                            |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                     | STREET ADDRESS                                                  |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     | 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. |                      |                                                                                     |                                                                 |                                                                                                                                                                                        |  |
| <b>SIGNATURE:</b> <u>KATHRYN F. BARTON, TREAS./DIR</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     | Date <u>1-16-04</u> Daytime Phone # <u>772-231-2100</u>         |                                                                                                                                                                                        |  |