2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 8:00 am Secretary of State 01-24-2005 90037 007 ****61.25

DOCUMENT # N49761 1. Entity Name THE VERO BEACH ROTARY CHARITIES FOUNDATION, INC.						01-24-2005 90037 007 ****61.25				
Principat Place P.O. BOX 20 VERO BEACH	13		Mailing Address POST OFFICE BOX 3224 VERO BEACH, FL 32964			40004687				
2. Principal P	lace of Business	3. Mailing Address		 						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01102005 Chg-NP CR2E037 (10/03			037 (10/03)	
City & State		City & State				4. FEI Number 65-04162	41			Applied For
. Zip	Country	Zip	Cou	ntry		5. Certificate of	Status Desire	d 🗆	\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent				7. Name and Ad	dress of Ne	w Registere	d Agent	
BRACKINS	S A .i			Name .	BRAG	KINS, A.	T.			
2031 INDI/	AN ROVER BLVD. ACH, FL 32960	<u> </u>			ddress (l	P.O. Box Number i	s Not Accept	able)		
				City	VERO	BEALH		F	L Zip Co	de 2460
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistere	ed office o	r register	ed agent, or both,	in the State o	//////////////////////////////////////	m tamiliar with	, and accept
	Signature, typed or printed name of registered agent	and bile & applicable. (NOTE:	Registered	1 Agent signet	ture required	when reinstating)		DyATE	<u>!</u>	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Fi	inancing	ture required	\$5.00 May Be Added to Fees	F		ck payable artment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Fi	inancing		\$5.00 May Be	<u> </u>	lorida Dep	artment of S	N 10
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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.

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Kathyn & Barton KATHRYN F. BARTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR