

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90295 023 \*\*\*\*61.25

**DOCUMENT # N93000003022**

1. Entity Name  
ORMOND BEACH WEST ROTARY FOUNDATION, INC.



Principal Place of Business  
521 SOUTH YONGE STREET  
ORMOND BEACH, FL 32174

Mailing Address  
C/O RICHARD A. BURT  
150 S. PALMETTO AVE., BOX A  
DAYTONA BCH., FL 32114 US



04072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3203961

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BURT, RICHARD A  
150 SOUTH PALMETTO AVENUE  
SUITE 510  
DAYTONA BEACH, FL 32114

**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 reinstating)

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	ELLIS, BIFF
STREET ADDRESS	319 N. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32115
TITLE	PD
NAME	GALLOWAY, G G
STREET ADDRESS	1305 OAK FOREST DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VD
NAME	WHITE, JIM
STREET ADDRESS	2 SUNSHINE BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD
NAME	WILLIAMS, DANNY
STREET ADDRESS	80 WENTWORTH LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	T
NAME	JOHNSON, ROBERT L
STREET ADDRESS	220 S RIDGEWOOD AVE SUITE 200
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

ROBERT L. JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 386-255-1981

Date

Daytime Phone #