2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# N93000003022

Entity Name: ORMOND BEACH WEST ROTARY FOUNDATION, INC.

Current Principal Place of Business:

521 SOUTH YONGE STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD A. BURT
149 S RIDGEWOOD AVE SUITE 510
DAYTONA BCH., FL 32114 US

New Mailing Address:

FEI Number: 59-3203961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, RICHARD A
149 S RIDGEWOOD AVE
SUITE 510
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PED ( ) Delete
Name: BLASS, JEFF
Address: 5 LEISURE WOOD WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete
Name: MARTIN, RICK
Address: 10 MOSS POINT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: UANINO, TONY
Address: 3649 CHRISTA COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete
Name: WILLIAMS, DANNY
Address: 80 WENTWORTH LANE
City-St-Zip: PALM COAST, FL 32164

Title: T ( ) Delete
Name: JOHNSON, ROBERT L
Address: 220 S RIDGEWOOD AVE SUITE 200
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: JOHNSON, ROBERT L
Address: 200 S RIDGEWOOD AVE SUITE 100
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. JOHNSON T 02/16/2007
Electronic Signature of Signing Officer or Director — Date