

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

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90264 026 ****61.25

DOCUMENT # N93000003587

1. Entity Name

ORMOND BEACH WEST ROTARY CLUB, INC.



Principal Place of Business

521 YONGE STREET
ORMOND BEACH, FL 32174

Mailing Address

C/O RICHARD A BURT
150 SO PALMETTO AVE BOX A
DAYTONA BCH, FL 32114 US

20046025



04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2861739

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
149 SO RIDGEWOOD AVE
SUITE 510
DAYTONA BEACH, FL

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ELLIS, BIFF
319 N RIDGEWOOD AVE
DAYTONA BEACH, FL 32115

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GALLOWAY, G G
1305 OAK FOREST DR
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WHITE, JIM
2 SUNSHINE BLVD
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILLIAMS, DANNY
80 WENT WORTH LN
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
JOHNSON, ROBERT L
220 S RIDGEWOOD AVE., STE 200
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 **ROBERT L. JOHNSON**

4-20-05 386-255-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #