

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003277

FILED
Jan 31, 2009
Secretary of State

Entity Name: MELBOURNE ROTARY CLUB, INC.

Current Principal Place of Business:

591 MORNING COVE CIRCLE SE
PALM BAY, FL 32909 US

New Principal Place of Business:

932 SOUTH WICKHAM RD
WEST MELBOURNE, FL 32904 US

Current Mailing Address:

POBOX 997
MELBOURNE, FL 329020997 US

New Mailing Address:

PO BOX 997
MELBOURNE, FL 329020997 US

FEI Number: 59-3454131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENYON, PAUL W
591 MORNING COVE CIRCLE SE
PALM BAY, FL 32909 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: PRES () Delete
Name: CARMICHAEL, BOB
Address: 1180 SPRING OAK DR
City-St-Zip: MELBOURNE, FL 32901

Title: SEC. () Delete
Name: KENYON, PAUL
Address: 591 MORNING COVE CIRCLE, S.E.
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: SLONIM, DAVID
Address: 932 SOUTH WICKHAM RD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T () Delete
Name: LEACHMAN, STEVE
Address: 942 DOUGLAS ST., S.E.
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: ARTER, KEVIN
Address: 1121 SUNSWEPT RD., N.E.
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SLONIM, DAVID
Address: 1180 SPRING OAK DR
City-St-Zip: MELBOURNE, FL 32901

Title: SEC. (X) Change () Addition
Name: MORTON, JUSTIN
Address: 2090 MEADOWLANE AVE.
City-St-Zip: MELBOURNE, FL 32904

Title: DIR (X) Change () Addition
Name: FACCIOBENE, ADAM
Address: 50 W. LAURIE ST., SUITE C
City-St-Zip: MELBOURNE, FL 32935

Title: TRES (X) Change () Addition
Name: MARSHALL, GRADY
Address: 408 NIBLICK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: DIR (X) Change () Addition
Name: ARTER, KEVIN
Address: 1121 SUNSWEPT RD., N.E.
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify 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: GRADY MARSHALL

TRES

01/31/2009

Electronic Signature of Signing Officer or Director

Date