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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003279 (3)**

1. Corporation Name

MELBOURNE ROTARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**450 SEABREEZE DR
INDIALANTIC FL 32903**

**450 SEABREEZE DR
INDIALANTIC FL 32903**



2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 997

26 P.O. Box 997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MELBOURNE, FL

28 MELBOURNE, FL

Zip Country
24 32902-0997 25 BREVARD

Zip Country
29 32902-0997 30 BREVARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**DUGAN, W. DAVID
1775 W HIBISCUS BLVD
SUITE 200
MELBOURNE FL 32901**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **MURRAY, PAUL**
STREET ADDRESS **2245 GULF ISLE DR #411**
CITY-ST-ZIP **MELBOURNE FL 32935**

1.1 TITLE **P** ☒ Addition

1.2 NAME **MCGEE, DON**
1.3 STREET ADDRESS **224 MELBOURNE AVE.**
1.4 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **D** ☒ DELETE

NAME **CARMICHAEL, RANDY**
STREET ADDRESS **450 SEABREEZE DR**
CITY-ST-ZIP **INDIALANTIC FL 32903**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **DUMMER, PHIL**
2.3 STREET ADDRESS **401 RIVERVIEW LANE**
2.4 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **D** ☒ DELETE

NAME **EDEN, CRAIG**
STREET ADDRESS **3240 DIXIE HWY NE**
CITY-ST-ZIP **PALM BAY FL 32905**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **CARMICHAEL, BOB**
3.3 STREET ADDRESS **2470 VERMONT ST.**
3.4 CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **D** ☐ DELETE

NAME **JEFFERS, JOHN**
STREET ADDRESS **353 DAYTON BLVD**
CITY-ST-ZIP **MELBOURNE VILLAGE FL 32904**

4.1 TITLE **T** ☒ Change ☐ Addition

4.2 NAME **JEFFERS, JOHN**
4.3 STREET ADDRESS **353 DAYTON BLVD.**
4.4 CITY-ST-ZIP **MELBOURNE VILLAGE, FL 32904**

TITLE **D** ☒ DELETE

NAME **PADGETT, DOUG**
STREET ADDRESS **1875 JOHN RHODES BLVD**
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **COX, DALE**
5.3 STREET ADDRESS **969 HAYS AVE.**
5.4 CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **P** ☒ DELETE

NAME **FACCIOBENE, FRANK JR.**
STREET ADDRESS **2210 PINE MEADOW AVE**
CITY-ST-ZIP **MELBOURNE FL 32904**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **ARTER, KEVIN**
6.3 STREET ADDRESS **450 SEABREEZE DR.**
6.4 CITY-ST-ZIP **INDIALANTIC, FL 32903**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KEVIN ARTER *Kevin Arter*

28 APRIL 1998

407-727-4886

CR2E037 (10/97)