## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003279

Entity Name: MELBOURNE ROTARY FOUNDATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
PO BOX 997 MELBOURNE, FL 32902997 US		PO BOX 997 MELBOURNE, FL 329020997 US
Current Mailing Address:		New Mailing Address:
PO BOX 997 MELBOURNE, FL 32902997 US		PO BOX 997 MELBOURNE, FL 329020997 US
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X) Certificate of Status Desired ( )
Name and	I Address of Current Registered Agent	: Name and Address of New Registered Agent:
CARMICHAEL, ROBERT W JR. 1180 SPRING OAK DRIVE MELBOURNE, FL 32901 US		ARTER, KEVIN C 1121 SUNSWEPT RD., N.E. PALM BAY, FL 32905 US
	named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATURE: KEVIN C. ARTER		04/30/2004
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D ( ) Delete CRUMBAUGH, JAY 1724 S. BABCOCK ST. MELBOURNE, FL 32901	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P ( ) Delete CARMICHAEL, BOB 1180 SPRING OAK DR. MELBOURNE, FL 32901	Title: D (X) Change ( ) Addition Name: CARMICHAEL, BOB Address: 1180 SPRING OAK DR. City-St-Zip: MELBOURNE, FL 32901
Title: Name: Address: City-St-Zip:	D ( ) Delete PERDUE, JAY 2621 FAIRWAY DR. MELBOURNE, FL 32901	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete MAXWELL, GREG 1010 E. PALMETTO AVE. MELBOURNE, FL 32901	Title: P (X) Change ( ) Addition Name: LEACHMAN, STEVE Address: 942 DOUGLAS ST., S.E. City-St-Zip: PALM BAY, FL 32909
Title: Name: Address: City-St-Zip:	T () Delete ARTER, KEVIN 1121 SUNSWEPT RD., N.E. PALM BAY. FL 32905	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN C. ARTER T 04/30/2004