2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N97000003279

Entity Name: MELBOURNE ROTARY FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 997
MELBOURNE, FL 329020997 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 997
MELBOURNE, FL 329020997 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTER, KEVIN C
1121 SUNSWEPT RD., N.E.
PALM BAY, FL 32905 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: D ( ) Delete
Name: CRUMBAUGH, JAY
Address: 1724 S. BABCOCK ST.
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: CARMICHAEL, BOB
Address: 1180 SPRING OAK DR.
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: PERDUE, JAY
Address: 2621 FAIRWAY DR.
City-St-Zip: MELBOURNE, FL 32901

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: KENYON, PAUL
Address: 591 MORNING COVE CIRCLE
City-St-Zip: PALM BAY, FL 32909

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

Title: D (X) Change ( ) Addition
Name: LEACHMAN, STEVE
Address: 942 DOUGLAS ST., S.E.
City-St-Zip: PALM BAY, FL 32909

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: PAUL KENYON P 04/29/2005
Electronic Signature of Signing Officer or Director — Date