

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90001 005 ****61.25

DOCUMENT # N99000005969

1. Entity Name

VIERA ROTARY FOUNDATION, INC.



Principal Place of Business

5500 MURRELL ROAD
VIERA, FL 32940

Mailing Address

5500 MURRELL ROAD
VIERA, FL 32940

54072896



DO NOT WRITE IN THIS SPACE

09012004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3605760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEASLEY, MARY A
5500 MURRELL ROAD
VIERA, FL 32940

**DO NOT WRITE
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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEASLEY, MARY A
STREET ADDRESS 912 ARABIAN AVE.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE TD
NAME LEWIS, CHARINE C
STREET ADDRESS 903 FOSTORIA DR.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE DAS
NAME LAFFERTY, GERALD
STREET ADDRESS 3145 HIELD RD.
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE DVP
NAME MINOVITCH, EVA S
STREET ADDRESS 1801 ROCKLEDGE DR.
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE D
NAME NANCY Sewell
STREET ADDRESS 891 Sandhill Crane Ct.
CITY-ST-ZIP Viera, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/04 321-254-4800