

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90041 015 ****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**

50055514



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05112005 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

7. Name and Address of New Registered Agent

**BEASLEY, MARY A
5500 MURRELL ROAD
VIERA, FL 32940**

Name

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

City

FL

Zip Code

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

Mary Anne Beasley
Mary Anne Beasley

7-12-05

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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME D Treas
STREET ADDRESS M. Novitch, EVA S.
CITY-ST-ZIP 1801 Rockledge Dr.
Rockledge, FL 32955

TITLE D ☐ Delete
NAME SEWELL, NANCY
STREET ADDRESS 891 SANDHILL CRANE CT
CITY-ST-ZIP VIERA, FL 32955

TITLE ☒ Change ☐ Addition
NAME D Secretary
STREET ADDRESS Sewell, Nancy
CITY-ST-ZIP 891 Sandhill Crane Ct.
Viera, FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mary Anne Beasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/05

321-254-4800

Date Daytime Phone #