

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90199 017 ****61.25

DOCUMENT # N99000005969

1. Entity Name
VIERA ROTARY FOUNDATION, INC.



Principal Place of Business
**7350 SHOPPES DRIVE, SUITE 103
VIERA, FL 32940**

Mailing Address
**7350 SHOPPES DRIVE, SUITE 103
VIERA, FL 32940**



04292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3605760	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEASLEY, MARY A
7350 SHOPPES DRIVE
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

M. A. Beasley

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

(NOTE: Registered Agent signature required when reinstating)

4-30-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEASLEY, MARY A 912 ARABIAN AVE. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MINOVITCH, EVA S 1801 ROCKLEDGE DR. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SEWELL, NANCY 891 SANDHILL CRANE CT VIERA, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemptions contained in Chapter 119, 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:

M. A. Beasley, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08
Date

**321
254-4800**
Daytime Phone #