

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90309 037 \*\*\*150.00

<b>DOCUMENT # P04000073177</b> 1. Entity Name <b>MERRITT ISLAND ROTARY CLUB, INC.</b>					
Principal Place of Business <b>677 DAVE NISBET DRIVE SUITE 110 PORT CANAVERAL, FL 32920</b>			Mailing Address <b>PO BOX 541122 MERRITT ISLAND, FL 32954</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6177444</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>OLNEY, PATRICIA K 677 DAVE NISBET DRIVE SUITE 110 PORT CANAVERAL, FL 32920</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WHITE, NORMAN</b> <b>313 MAGNOLIA AVE</b> <b>MERRITT ISLAND, FL 32952</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Daignault, John</b> <b>1400 Sykes Creek Drive</b> <b>Merritt Island, FL 32953</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TAYLOR, PATTI</b> <b>277 N SYKES CREEK PKWY</b> <b>MERRITT ISLAND, FL 32952</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Ledford, Gary</b> <b>1808 Laurel Oak Drive</b> <b>Rockledge, Florida 32955</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FARRAR, BUD</b> <b>19 N INDIAN RIVER DRIVE, # 302</b> <b>COCOA, FL 32922</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Farrar, Bud</b> <b>21 Riverside Drive #702</b> <b>Cocoa, Florida 32922</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BONENBERGER, GREG</b> <b>795 NEW HAMPTON</b> <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Bonenberger, Greg</b> <b>795 New Hampton Way</b> <b>Merritt Island, FL 32953</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MCBRIDGE, DAN</b> <b>311 MAGNOLIA AVENUE</b> <b>MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FREDERIK, BILL</b> <b>275 MAGNOLIA AVE, SUITE 2</b> <b>MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, 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.					
<b>SIGNATURE:</b> <i>Robert Farrar</i> <b>Robert "Bud" FARRAR</b> <b>4-6-2006</b> <b>452-8000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					