

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003279

Entity Name: MELBOURNE ROTARY CLUB FOUNDATION, INC.**Current Principal Place of Business:**MELBOURNE
MELBOURNE, FL 32909-0997**Current Mailing Address:**PO BOX 997
MELBOURNE, FL 32902-0997 US**FEI Number:** 27-0214256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSMAN, KYLE VICTOR
581 N SONORA CIR
INDIALANTIC, FL 32903 US*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:** KYLE OSMAN

02/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------|
| Title | PRESIDENT |
| Name | OSMAN, KYLE |
| Address | PO BOX 997 |
| City-State-Zip: | MELBOURNE FL 32902-0997 |

| | |
|-----------------|-------------------------|
| Title | SECRETARY |
| Name | SMELLIE, SUE-ANN |
| Address | PO BOX 997 |
| City-State-Zip: | MELBOURNE FL 32902-0997 |

| | |
|-----------------|-------------------------|
| Title | VP |
| Name | ARMSTRONG, DAVID |
| Address | PO BOX 997 |
| City-State-Zip: | MELBOURNE FL 32902-0997 |

| | |
|-----------------|-------------------------|
| Title | TREASURER |
| Name | WITZEL, RYAN |
| Address | PO BOX 997 |
| City-State-Zip: | MELBOURNE FL 32902-0997 |

I hereby 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 all other like empowered.

SIGNATURE: KYLE OSMAN

PRESIDENT

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date