

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701313 (9)

1. Corporation Name

ROTARY CLUB OF JACKSONVILLE, FLORIDA

Principal Place of Business

33 SOUTH HOGAN STREET
STE. 240
JACKSONVILLE FL 32202

Mailing Address

33 SOUTH HOGAN STREET
STE. 240
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified
08/12/1960

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0428460

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, R W
SUITE 2801 INDEPENDENT SQ
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPP
NAME MARVIN, GUY III
STREET ADDRESS 4741 PIRATE'S BAY DR
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ DELETE

1.1 TITLE DP
1.2 NAME S. Robert Hays
1.3 STREET ADDRESS 12529 Turnberry Dr.
1.4 CITY-ST-ZIP Jax., FL 32225 ☐ Change ☒ Addition

TITLE DP
NAME WILLIAMS, C.J. III
STREET ADDRESS 4125 VENETIA BLVD.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DT
NAME GORDON, RICHARD W.
STREET ADDRESS 1301 S. FIRST ST. UNIT #504
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

3.1 TITLE DS
3.2 NAME Thomas Miller
3.3 STREET ADDRESS 4703 Queen Lane
3.4 CITY-ST-ZIP Jax., FL 32210 ☐ Change ☒ Addition

TITLE DS
NAME BOLING, WILLIAM R.
STREET ADDRESS 4732 ALGONQUIN AVE.
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

4.1 TITLE DT
4.2 NAME Kevin Walsh
4.3 STREET ADDRESS 9009 Western Lakes Dr. #707
4.4 CITY-ST-ZIP Jax., FL 32256 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE DPE
5.2 NAME Adm. Max K. Morris
5.3 STREET ADDRESS 4990 Vandiver Rd.
5.4 CITY-ST-ZIP Jax., FL 32210 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE DAS
6.2 NAME Willard Payne
6.3 STREET ADDRESS 4280 Bleinheim Place
6.4 CITY-ST-ZIP Jax., FL 32225 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Robert Hays 4/22/96

904-353-6789

Date

Daytime Phone #

CR2E037 (12/95)