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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701313 (9)

1. Corporation Name

ROTARY CLUB OF JACKSONVILLE, FLORIDA



Principal Place of Business	Mailing Address
33 SOUTH HOGAN STREET STE. 240 JACKSONVILLE FL 32202	33 SOUTH HOGAN STREET STE. 240 JACKSONVILLE FL 32202-5181

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 300 W. Adams Street	26 300 W. Adams Street	08/12/1960	04/26/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 Suite 450	27 Suite 450	59-0428460	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Jacksonville, FL	28 Jacksonville, FL	☐	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32202	29 32202	☐	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
25 USA	30 USA		

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	DP	1.1 TITLE	DP
NAME	S. ROBERT HAYS	1.2 NAME	MAX K. MORRIS
STREET ADDRESS	12529 TURNBERRY DR	1.3 STREET ADDRESS	4990 VANDIVER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DPP	2.1 TITLE	DT
NAME	WILLIAMS, C.J. III	2.2 NAME	KEVIN D. WALSH
STREET ADDRESS	4125 VENETIA BLVD.	2.3 STREET ADDRESS	9009 WESTERN LAKES DRIVE #707
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DS	3.1 TITLE	DPP
NAME	THOMAS MILLER	3.2 NAME	S. ROBERT HAYS
STREET ADDRESS	4703 QUEEN LANE	3.3 STREET ADDRESS	12529 TURNBERRY DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DT	4.1 TITLE	DS
NAME	KEVIN WALSH	4.2 NAME	WILLARD A. PAYNE, JR.
STREET ADDRESS	9009 WESTERN LAKES DR #707	4.3 STREET ADDRESS	4280 BLEINHEIM PLACE
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DPE	5.1 TITLE	DAT
NAME	ADM. MAX K. MORRIS	5.2 NAME	PERCY ROSENBLUM
STREET ADDRESS	4990 VANDIVER RD	5.3 STREET ADDRESS	4341 SHERWOOD ROAD
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DAS	6.1 TITLE	D
NAME	WILLARD PAYNE	6.2 NAME	SHERMON C. BURGESS
STREET ADDRESS	4280 BLEINHEIM PLACE	6.3 STREET ADDRESS	P.O. BOX 4483
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32201

14. I do 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 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.

CR2E037 (9/96)