FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **717979** **(9)**

1. Corporation Name
THE FORT WALTON BEACH ROTARY CLUB, INC.

300001526393
-06/29/95--01009--012
****155.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 892 FT WALTON BEACH FL 32549-7892	P O BOX 892 FT WALTON BEACH FL 32549-7892

3. Date Incorporated or Qualified: **01/30/1970**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6209660** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, WILLIAM SCOTT 909 MAR WALT DR #1014 FT. WALTON BEACH FL 32548	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	MCCARLEY, KAREN S.	1.2 NAME	ROYSTER, III C	
STREET ADDRESS	319 NORTHAMPTON CIR.	1.3 STREET ADDRESS	137 COUNTRY CLUB RD	
CITY-ST-ZIP	FT. WALT BCH FL	1.4 CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	VPD	2.1 TITLE	VPD	☐ Change XX Addition
NAME	STEARNS, ALLAN	2.2 NAME	SMITH, PETE	
STREET ADDRESS	908 MIDDLE DR.	2.3 STREET ADDRESS	45 WAYNELL CIR	
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	S	3.1 TITLE	S	☐ Change XX Addition
NAME	ROYSTER, III C	3.2 NAME	TIDMORE, MAX	
STREET ADDRESS	137 COUNTRYT CLUB RD.	3.3 STREET ADDRESS	904 NORMA CT	
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	TD	4.1 TITLE	TD	XX Change ☐ Addition
NAME	LOWREY, TOM	4.2 NAME	MCCCARLEY, KAREN	
STREET ADDRESS	51 LAKE LORRAINE CR.	4.3 STREET ADDRESS	319 NORTHHAMPTON CIR	
CITY-ST-ZIP	SHALIMAR FL	4.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	PD	5.1 TITLE	PD	☐ Change XX Addition
NAME	TOWNSEND, FORREST	5.2 NAME	COCHRAN, FRED	
STREET ADDRESS	808 WAGONWHEEL RD	5.3 STREET ADDRESS	247 SLEEPY OAKS RD, NW	
CITY-ST-ZIP	FT WALTON BCH. FL	5.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	PED	6.1 TITLE	PED	XX Change ☐ Addition
NAME	RIGGS, STEPHEN C	6.2 NAME	LOWREY, TOM	
STREET ADDRESS	2009 CLAY CT	6.3 STREET ADDRESS	51 LAKE LORRAINE CIR	
CITY-ST-ZIP	NAVARRE FL	6.4 CITY-ST-ZIP	SHALIMAR, FL 32579	

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)(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.

SIGNATURE: Tom Lowrey 5/1/95 (904) 243-7151
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

607[illegible]