

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717979 (9)

1. Corporation Name

THE FORT WALTON BEACH ROTARY CLUB, INC.



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
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-6209660

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DR #1014
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

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]* (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ROYSTER, III C	137 COUNTRY CLUB RD.	SHALIMAR FL 32579	<input checked="" type="checkbox"/>
VPD	STEARNS ALLAN	908 MIDDLE DR.	FT WALTON BEACH FL	<input checked="" type="checkbox"/>
S	ROYSTER, III C	137 COUNTRY CLUB RD.	SHALIMAR FL	<input checked="" type="checkbox"/>
PD	MCCARLEY, KAREN	319 NORTHAMPTON CIR.	FT. WALTON BCH., FL 32548	<input type="checkbox"/>
PD	TOWNSEND, FORREST	806 WAGONWHEEL RD	FT WALTON BCH. FL	<input checked="" type="checkbox"/>
PD	LOWREY TOM	51 LAKE LORRAINE CIR.	SHALIMAR FL 32579	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VPD	MAX TROMORE	904 NORMA CT	MALEY ESTATE FL. 32569	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	PETE SMITH	45 WAYNELL CIRCLE	FT WALTON BEACH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	JOSEPH W. HENDERSON	45 BEAL BLVD	FT WALTON BEACH FL 32548	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/96

244-5121 (901)

0017584

CR2E037 (3/96)