

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90644 049 ****61.25

DOCUMENT # 717979

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6209660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P BAKER, KAREN M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	289 BEACHVIEW DR FORT WALTON BEACH FL 32547	
TITLE NAME	D POTTS, CHARLIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	345 SUDDUTH FT WALTON BEACH FL 32548	
TITLE NAME	D HENDERSON, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	45 BEAL PKWY FORT WALTON BEACH FL 32548	
TITLE NAME	D YORK, JERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	350 BEAL PKWY FORT WALTON BEACH FL 32548	
TITLE NAME	D KEITH, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	916 CHOCTAWHATCHEE DR NICEVILLE FL 32578	
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME	D Shaw, Timothy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	25 Walter Martin Rd NE Ft Walton Beach, FL 32548	
TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D Bennett, Nitsi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	123 Truxton Ave Ft Walton Beach, FL 32547	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Keith
John Keith

Date

Daytime Phone #

04-20-02 244-8191

CR2E037 (9/01)