

# 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 **P** ☒ Delete  
 NAME **BAKER, KAREN M**  
 STREET ADDRESS **289 BEACHVIEW DR**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Shaw, Timothy**  
 STREET ADDRESS **25 Walter Martin Rd NE**  
 CITY-ST-ZIP **Ft Walton Beach, FL 32548**

TITLE **D** ☐ Delete  
 NAME **POTTS, CHARLIE**  
 STREET ADDRESS **345 SUDDUTH**  
 CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **P** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HENDERSON, JOSEPH**  
 STREET ADDRESS **45 BEAL PKWY**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **YORK, JERRY**  
 STREET ADDRESS **350 BEAL PKWY**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **KEITH, JOHN**  
 STREET ADDRESS **916 CHOCTAWHATCHEE DR**  
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **Bennett, Nitsi**  
 STREET ADDRESS **123 Truxton Ave**  
 CITY-ST-ZIP **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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Keith**

**04-20-02**

**244-8191**

Date

Daytime Phone #

CR2E037 (9/01)