
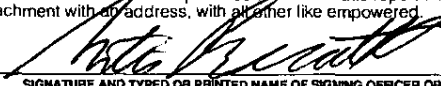


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

05-10-2004 90454 004 ****61.25

DOCUMENT # 717979 1. Entity Name THE FORT WALTON BEACH ROTARY CLUB, INC.					
Principal Place of Business P O BOX 892 FT WALTON BEACH, FL 32549-7892			Mailing Address 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 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, TIMOTHY 25 WALTER MARTIN RD. N.E. FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, CHARLIE 345 SUDDUTH FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEITH, JOHN 916 CHOCTAWHATCHEE DR NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, NITSI 123 TRUXTON AVENUE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, WILLIAM S 909 MAR WALT DR. #1014 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D miceli, Philippe 1400 MARK TWAIN Ct Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: 		Nitsi BENNETT		07-14-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> 243-0315	

66430054



07112004 Chg-NP CR2E037 (10/03)

850

Attachment



ROTARY CLUB

OF FORT WALTON BEACH
P.O. BOX 892
FORT WALTON BEACH, FL 32549

66430054

June 1, 2004

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Subject: The Fort Walton Beach Rotary Club, Inc

Ref. Number: 717979

Here is a clarification of our recently filed Nonprofit Corporation Annual Report:

- 1) P
Timothy Shaw
25 Walter Martin Rd. NE
Fort Walton Beach, FL 32548
- 2) D
John Keith
916 Choctawhatchee Dr
Niceville, FL 32578
- 3) D
Nitsi Bennett
99 Eglin Pkwy
Fort Walton Beach, FL 32548
- 4) D
William S Foster
909 Mar Walt Dr. #1014
Fort Walton Beach, FL 32548
- 5) D
Philippe Miceli
1400 Mark Twain Ct
Niceville, FL 32578

Hopefully, this will clear things up.

Thank you,

Rhonda Glassburn

Rhonda Glassburn,
Executive Secretary

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

DOCUMENT # 717979

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THE FORT WALTON BEACH ROTARY CLUB, INC.



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Mailing Address
P O BOX 892
FT WALTON BEACH, FL 32549-7892

66430054



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-NP

CR2E037 (10/03)

City & State

City & State

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59-6209660

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SHAW, TIMOTHY
STREET ADDRESS 25 WALTER MARTIN RD. N.E.
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

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

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

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NAME KEITH, JOHN
STREET ADDRESS 916 CHOCTAWHATCHEE DR
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TITLE D ☒ Change ☐ Addition
NAME
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TITLE D ☐ Delete
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STREET ADDRESS 123 TRUXTON AVENUE
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE D ☐ Delete
NAME FOSTER, WILLIAM S
STREET ADDRESS 909 MAR WALT DR. #1014
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Miceli, Philippe
STREET ADDRESS 1400 MARK TWAIN CT
CITY-ST-ZIP Niceville FL 32578

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

850
243-0315

Daytime Phone #