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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

ROTARY CLUB OF BOYNTON BEACH, INC.

FILED Apr 10 1998 8:00am Secretary of State

					····-			
Principal Place of Business		Mailing Address				I CAN'N FARM HAND LANG BASIN BIRE HAN BIRE	TIMIL BIĞIL BIĞU Ö	1811 VIVIL 1801
2902 SW 6 ST		PO BOX 357				3. Date Incorporated or Qualified		· · · · · · · · · · · · · · · · · · ·
BOYNTON BEACH FL 33435 US BOYNTON BEACH FL 33435 US			5			02/12/1970		
03		US				4. FEI Number	A	oplied For
						59 -6 155189	N/	ot Applicable
Principal Place of Business 1		2a. Mailing Address 28				5. Certificate of Status Desired		Additional equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
City & State		City & State				Trust Fund Contribution	Added to	
23	u	28				7. Is this nonprofit corporation a homeown	iers associatio No	n?
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the o	· · · · · · · · · · · · · · · · · · ·	tangihle
24	25	29	30	·		Personal Property Tax due June 30.		No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registers	d Agent	
İ			-	81	Name			
DAVIS, GEORGE C.			Ì	82 Street Address (P.O. Box Number is Not Acceptable)				
2802 SW	V 6 ST		}	83				
POVIES	NI BEAGLEL COACE]	83				
BOYNTON BEACH FL 33435				84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617,1508, Florida Statute	s, the ab	00/8-	named corpo	ration submits this statement for the purpose	of changing if	ts registered
office or r	egistered agent, or both, in the State on familiar with, and accept the oblic	e of Florida. Such change was a pations of, Section 617.0503. Flo	uthorized	d by I	the corporatio	n's board of directors. I hereby accept the ap	opointment as	registered
SIGNATURE .		,	nea biai	5.00 ,				
	Signature, typed or printed name of registered ag			d Ageni	t signature required			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AF		
NAME	P Kaleel, Kenneth M	☐ DELETE	1.1 TIT 1.2 NA				Change	Addition
STREET ADDRESS	86 ISLAND DR				nneree			
CITY-ST-ZIP	OCEAN RIDGE FL	1.3 STREET ADDR 1.4 CITY - ST - ZIP		1				
TITLE	S			2.1 TITLE			Change	Addition
NAME			2.2 NA		i			
STREET ADDRESS	2802 SW 6 ST				DDRESS			
CFTY-ST-ZNP	DOMETON DOLL CO			ITY-ST				
MILE	T	DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	CAPPELLA, ARTHUR J		3.2 NAME					
STREET ADORESS	1100 S FEDERAL HWY		3.3 STREE		DDRESS			
CITY-ST-ZIP	BOYNTON BCH. FL		3.4. CI	3.4. CITY-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TIT	4.1 TITLE			☐ Change	Addition
NAME	RATCLIFF, DAVID		4. 2 NJ	4. 2 NAME				
STREET ADDRESS	9135 INDIAN RIVER RUN		4.3 STI	REET A	DDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP				
TITLE	D	DELETE	5.1 TIT	5.1 TITLE			☐ Change	Addition
NAME	SHOWALTER, DAVID R		5.2 NA	ME				
STREET ADDRESS	3705 DIANE DR		5.3 STI	REET A	DDRESS			
City-St-ZIP			5.4 CIT	TY-ST-	- ZiP			
TITLE	D	☐ DELETE	6.1 TIT	LE			Change	☐ Addition
MALE	WITTIG CHRIS W		6 2 MA	ME				

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

6336 COUNTRY FAIR CIRCLE

14. Thereby 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 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 of 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 applications with any address.