FILE NOW: FILING FEE IS $61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **718942** **(6)**

1. Corporation Name

ROTARY CLUB OF EAST CLEARWATER, INC.

Principal Place of Business	Mailing Address
P O BOX 4662 CLEARWATER FL 34618-4662	P O BOX 4662 CLEARWATER FL 34618-4662

3. Date Incorporated or Qualified: 07/31/1970
3a. Date of Last Report: 08/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 23-7095174 ☐ 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

ZSCHAU, JULIUS J.
911 CHESTNUT STREET
CLEARWATER FL 34616

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	~~HOLT, JOSEPH E~~		1.2 NAME	Jack Ratcliffe	
STREET ADDRESS	~~1171 CANDLER DR~~		1.3 STREET ADDRESS	5289 White Sand Circle NE	
CITY-ST-ZIP	~~CLEARWATER FL~~		1.4 CITY-ST-ZIP	St. Petersburg Florida 33703	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PALONDER, DOUGLAS A		2.2 NAME		
STREET ADDRESS	481 HADLEY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ERWIN, CAROL		3.2 NAME		
STREET ADDRESS	1725 LAKE CYORESS DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KENT, JOHN W		4.2 NAME		
STREET ADDRESS	1301 EAST FIELD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, JAMES		5.2 NAME		
STREET ADDRESS	531 HADLEY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SPONG, RICHARD		6.2 NAME		
STREET ADDRESS	2198 OAK GROVE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 _____ (813) 234-8552