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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90039 005 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724560**

1. Corporation Name  
**BELLEAIR BLUFFS ROTARY CLUB, INC.**

Principal Place of Business 2310 W. BAY DR. LARGO FL 33770 US	Mailing Address PO BOX 1624 LARGO FL 33779 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/13/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7280153
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Country 29	
	Country 30	

9. Name and Address of Current Registered Agent

**FORD, EDWIN**  
 2310 W. BAY DRIVE  
 LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Edwin J. Ford* DATE 11/21/99

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, EDWIN	
STREET ADDRESS	2310 W.BAY DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRANCE, PATRICIA	
STREET ADDRESS	104 CREITWOOD LN	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CROUCH, SANDRA	
STREET ADDRESS	350 EAST BAY DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPELL, WILLIAM	
STREET ADDRESS	2293 INDIAN AVE NORTH	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANTHONY MAZZONE	
STREET ADDRESS	10339 IMPERIAL POINT DRIVE E.	
CITY-ST-ZIP	Largo, Fl. 33774	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Christopher J. Ezzo	
STREET ADDRESS	10244 130th Way	
CITY-ST-ZIP	Largo, Fl. 34644	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. Thomas P. Elliott	
1.3 STREET ADDRESS	9277 Elm Circle	
1.4 CITY-ST-ZIP	Seminole, Fl. 34646	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Norman E. Demers	
2.3 STREET ADDRESS	3266 Overlook Drive	
2.4 CITY-ST-ZIP	Largo, Fl. 33770	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mort Stern	
3.3 STREET ADDRESS	10249 Imperial Point Drive E	
3.4 CITY-ST-ZIP	Largo, Fl. 33774	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like employees.

SIGNATURE: *Edwin J. Ford* SIGNATURE REQUIRED *Thomas P. Elliott* DATE 11/21/99 (727) 585-9315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)