

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

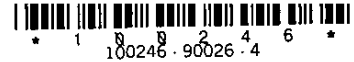
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DOCUMENT # 737054

1. Corporation Name

ROTARY CLUB OF INVERNESS, INCORPORATED



Principal Place of Business

22501 WEST HIGHWAY 44
P O BOX 1317
INVERNESS FL 32651

Mailing Address

22501 WEST HIGHWAY 44
P O BOX 1317
INVERNESS FL 32651



2. Principal Place of Business

21 109 N. Seminole Ave

2a. Mailing Address

26 P.O. Box 1317

Suite, Apt. #, etc.

22 P.O. Box 1317

Suite, Apt. #, etc.

27 INVERNESS, FL

City & State

23 INVERNESS, FL

City & State

28 INVERNESS, FL

Zip

24 34451 25 USA

Zip

29 34451 30 USA

9. Name and Address of Current Registered Agent

SLAYMWKER, THOMAS
2218 W HWY 44
INVERNESS FL 34450

3. Date Incorporated or Qualified

10/18/1976

4. FEI Number

59-2068516

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME TD
STREET ADDRESS SHEWEY, DEBRA
CITY-ST-ZIP P.O. BOX 1273 N/A
INVERNESS FL 34451

TITLE ☒ DELETE

NAME SD
STREET ADDRESS NOONAN, BARBARA
CITY-ST-ZIP 2100 E. HAYES ST.
INVERNESS FL 34453

TITLE ☐ DELETE

NAME PD
STREET ADDRESS GOLWAY WALTER E
CITY-ST-ZIP 4415 S WORLDWIDE DR
INVERNESS FL 34452-8073

TITLE ☐ DELETE

NAME VP
STREET ADDRESS JACQUES OLIVIER
CITY-ST-ZIP 650 E DAKOTA CT
HERNANDO FL 34442-5392

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME S/D
1.3 STREET ADDRESS VANALSTINE, RANDY
1.4 CITY-ST-ZIP 3143 S. CYANET TERRACE
INVERNESS, FL 34450

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME T/D
2.3 STREET ADDRESS HUNT, DORA
2.4 CITY-ST-ZIP 9730 E. REGENCY ROW
INVERNESS, FL 34450

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D
3.3 STREET ADDRESS GOLWAY, WALTER E
3.4 CITY-ST-ZIP 4415 S. WORLDWIDE DR
INVERNESS 34452-8073

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME P/D
4.3 STREET ADDRESS OLIVIER, JACQUES
4.4 CITY-ST-ZIP 650 E. DAKOTA CT
HERNANDO, FL 34442-5392

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME V/D
5.3 STREET ADDRESS THOMAS, PATRICIA
5.4 CITY-ST-ZIP 110 N. APOPKA AVE
INVERNESS, FL 34450

6.1 TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DORA F. HUNT 1-14-99 352-726-1231
Date Daytime Phone #

CR2E037 (11/98)