FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744543** **(0)**

1. Corporation Name

ROTARY CLUB OF ST.PETERSBURG (GATEWAY) FLORIDA, USA, INC.

Principal Place of Business	Mailing Address
8601 9TH ST NORTH ST. PETERSBURG FL 33702	POST OFFICE BOX 21176 ST. PETERSBURG FL 33742 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1978
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1726473 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21):
2a. Mailing Address (26): P.O. BOX 825
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): ST. PETERSBURG, FL
Zip (24): Country (25):
Zip (29): 33731 Country (30): PINELLAS
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liabil. for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STOUT, DAVID L 8813 9TH ST NORTH ST. PETE FL 33702	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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCOTT, LOUISE	12 NAME	
STREET ADDRESS	10600 DEL PRADO DRIVE, WEST	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☒ Change ☐ Addition
NAME	CUNNINGHAM, DELTON	22 NAME	
STREET ADDRESS	10399 PARADISE BOULEVARD, APT. 108	23 STREET ADDRESS	7500 DORCHESTER COURT
CITY-ST-ZIP	TREASURE ISLAND FL	24 CITY-ST-ZIP	SEMINOLE, FL 34642
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CANNING, SUSAN	32 NAME	
STREET ADDRESS	131 63RD STREET, NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Delta M. Cunningham 4/25/95 (813)384-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084837