

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744543 (0)

1. Corporation Name

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



Principal Place of Business

Mailing Address

8801 9TH ST NORTH
ST. PETERSBURG FL 33702

P O BOX 825
ST PETERSBURG L 33731
US

3. Date Incorporated or Qualified
10/11/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1726473

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

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 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 board of directors

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCOTT, LOUISE
STREET ADDRESS 10600 DEL PRADO DRIVE, WEST
CITY-ST-ZIP LARGO FL

☒ DELETE

11 TITLE PD
12 NAME Charles Godels
13 STREET ADDRESS 1200 4th St N #12 #123
14 CITY-ST-ZIP St Petersburg FL 33716

☒ Change

☐ Addition

TITLE TD
NAME CUNNINGHAM, DELTON
STREET ADDRESS 7500 NORMANDY CT
CITY-ST-ZIP SEMINOLE FL

☒ DELETE

21 TITLE SD
22 NAME Susan Canning
23 STREET ADDRESS 13163 RD St. N.
24 CITY-ST-ZIP St Petersburg FL

☒ Change

☐ Addition

TITLE SD
NAME CANNING, SUSAN
STREET ADDRESS 131 63RD STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG FL

☒ DELETE

31 TITLE SD
32 NAME Howard Drake
33 STREET ADDRESS 6710 Kingswood
34 CITY-ST-ZIP St Petersburg FL 33722

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)