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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **744543**

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

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	3. Date Incorporated or Qualifed 10/11/1978 4. FEI Number 59-1726473 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STOUT, DAVID L
8813 9TH ST NORTH
ST. PETE FL 33702

10. Name and Address of New Registered Agent

81 Name: Joseph W. Chambers
82 Street Address (P.O. Box Number is Not Acceptable)
83: 520 4th St. No.
84 City: St.Petersburg **FL** 85 Zip Code: 33731

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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CHAMBERS, JOEY		1.2 NAME	Delton N. Cunningham	
STREET ADDRESS	1004 MARCO DR. NE		1.3 STREET ADDRESS	7500 Normandy Ct.	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Seminole, FL 34642	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	EAGAN, DAN		2.2 NAME	Laurence M. Growney, II	
STREET ADDRESS	326 26TH AVE. NORTH #4		2.3 STREET ADDRESS	1265 79th St. So.	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	CUSHMAN, SALLY		3.2 NAME	Susan Terry	
STREET ADDRESS	14215 PUFFIN CT.		3.3 STREET ADDRESS	2867 64th Terr. So.	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED Laurence M. Growney, II 02/16/99 727-345-9307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #