

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756311 (7)

1. Corporation Name

ROTARY CLUB OF ST. CLOUD, INC.



Principal Place of Business

Mailing Address

1221 TENTH ST.
P. O. BOX 701654
ST. CLOUD FL 34770-1654
US1221 TENTH ST.
P. O. BOX 701654
ST. CLOUD FL 34770-1654
US3. Date Incorporated or Qualified
02/11/19813a. Date of Last Report
08/20/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 700245

26 P.O. Box 700245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Cloud, FL

28 St. Cloud, FL

Zip Country

Zip Country

24 34770-0245

25 US

29 34770-0245

30 US

4. FEI Number

59-2348477

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

THORNTON, HARKLEY R
BAKER & HOSTETLER, 200 SO. ORANGE AVE
SUITE 2300
ORLANDO FL 32801

81 Name

Harkley R. Thornton

82

Street Address (P.O. Box Number is Not Acceptable)
Mateer & Harbert, P.A.

83

225 E. Robinson Street, Suite 600

84

City
Orlando

FL

85

Zip Code
32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE
NAME KOCHER, ROBERT
STREET ADDRESS 1900 W. CLINTON
CITY-ST-ZIP ST CLOUD FLTITLE PD ☒ DELETE
NAME BRIZENDINE, BEVERLY
STREET ADDRESS 2430 PEACOCOK CT
CITY-ST-ZIP ST. CLOUD FLTITLE VPD ☒ DELETE
NAME PATTERSON, JERRY
STREET ADDRESS 1812 PEACH TREE BLVD
CITY-ST-ZIP ST CLOUD FLTITLE SD ☒ DELETE
NAME RILEY, ALANY
STREET ADDRESS 5160 HARKLEY RUNYAN ROAD
CITY-ST-ZIP ST CLOUD FL 34771TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE VPD ☐ Change ☐ Addition
1.2 NAME RILEY, ALLEN
1.3 STREET ADDRESS 5160 HARKLEY RUNYAN RD
1.4 CITY-ST-ZIP ST CLOUD FL 347712.1 TITLE PD ☐ Change ☐ Addition
2.2 NAME PATTERSON, JERRY
2.3 STREET ADDRESS 1812 PEACH TREE BLVD
2.4 CITY-ST-ZIP ST CLOUD FL 347693.1 TITLE SD ☐ Change ☐ Addition
3.2 NAME KOLB, PETER
3.3 STREET ADDRESS 3126 HARVEST LN
3.4 CITY-ST-ZIP KISSIMMEE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070426

CR2E037 (9/96)