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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA 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
P.O. BOX 700245 ST CLOUD FL 34770-0245 US	P.O. BOX 700245 P. O. BOX 701654 ST CLOUD FL 34770-0245 US

3. Date Incorporated or Qualified: 02/11/1981

4. FEI Number: 59-2348477 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 700665	26 P.O. BOX 700665
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Cloud, FL	28 City & State: St. CLOUD
24 Zip: 34770 25 Country: USA	29 Zip: 34770 30 Country:

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THORNTON, HARKLEY R MATEER & HARBERT, P.A. 225 EAST ROBINSON STREET, SUITE 600 ORLANDO FL 32801	81 Name: Harkley R. Thornton 82 Street Address (P.O. Box Number is Not Acceptable): 1010 Pennsylvania Avenue 83 84 City: St. Cloud FL 85 Zip Code: 34769

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: Harkley R. Thornton 3/25/98
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	1.1 TITLE		☐ Change ☐ Addition
NAME	KOCHER, ROBERT		1.2 NAME		
STREET ADDRESS	1900 W. CLINTON		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RILEY, ALLEN		2.2 NAME		
STREET ADDRESS	5160 HARKLEY RUNYAN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, JERRY		3.2 NAME		
STREET ADDRESS	1812 PEACHTREE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOLB, PETER		4.2 NAME		
STREET ADDRESS	3126 HARVES LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		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 (10/97)

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.

SIGNATURE: [signature]