

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90044 034 ****61.25

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DOCUMENT # 757933

1. Corporation Name

**THE ROTARY CLUB OF ALTAMONTE SPRINGS-FOREST CITY
, INC.**

Principal Place of Business

~~4085 SUNSHINE LANE~~ **1030 BUNNELL RD**
~~SUITE 100~~
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P O BOX 162322
ALTAMONTE SPRINGS FL 32716
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/08/1981

4. FEI Number

59-1879137

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

9. Name and Address of Current Registered Agent

PARRY, JACK
1130 NEW JERSEY AVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MODARRES, MARK**
STREET ADDRESS **217 N WESTMONTE DR #3031**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **PPD** ☐ DELETE
NAME **HAUCK, RUSSEL**
STREET ADDRESS **823 EBB DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VPD** ☐ DELETE
NAME **SIEGEL, JOHN**
STREET ADDRESS **1779 MARKHAM GLEN CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **SD** ☐ DELETE
NAME **DESOUZA, ADRIENNE**
STREET ADDRESS **301 WICKHAM COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **TD** ☐ DELETE
NAME **GUIDA, FRANK**
STREET ADDRESS **515 RIVERA DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
NAME **SIEGEL, JOHN**
1.2 NAME **MARKHAM GLEN CIRCLE**
1.3 STREET ADDRESS **1779**
1.4 CITY-ST-ZIP **Longwood, FL 32779**

2.1 TITLE **PPD** ☒ Change ☐ Addition
2.2 NAME **MODARRES, MARK**
2.3 STREET ADDRESS **217 N. WESTMONTE DR # 3031**
2.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME **RAND, CHARLES**
3.3 STREET ADDRESS **2164 Palm Crest Drive**
3.4 CITY-ST-ZIP **Apopka, FL 32712**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **OSTROSKI, JOSEPH**
4.3 STREET ADDRESS **110 HICKORY TREE RD**
4.4 CITY-ST-ZIP **Longwood, FL 32750**

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **de Souza, ADRIENNE**
5.3 STREET ADDRESS **301 WICKHAM COURT**
5.4 CITY-ST-ZIP **Longwood, FL 32779**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-99 (407) 869-4242

CR2E037 (11/98)