

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765476 (7)

1. Corporation Name
ROTARY CLUB OF FORT LAUDERDALE NORTH, FLORIDA, S CHOLARSHIP FUND, INC.

Principal Place of Business 2600 N ANDREWS AVE C/O THOMAS J BARNARD ATTN Y WILTON MANORS FL 33311	Mailing Address 2600 N ANDREWS AVE C/O THOMAS J BARNARD ATTN Y WILTON MANORS FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2328033	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified 10/20/1982	3a. Date of Last Report 05/01/1996
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BARNARD, THOMAS J
2600 N ANDREW S AVE
WILTON MANORS FL 33311

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	<input type="checkbox"/> DELETE
NAME	BARNARD, THOMAS J.	
STREET ADDRESS	2600 N ANDREWS AVE.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, SHANE	
STREET ADDRESS	2605 NE 15TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MEEHAN, JERRY	
STREET ADDRESS	6301 BAY CLUB DR.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEWART, CHARLES A	
STREET ADDRESS	1750 SW 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINGEL, WILLIAM R	
STREET ADDRESS	105 LAKE EMERALD DR	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RONSKAVITZ, RICHARD	
STREET ADDRESS	4719 NE 17TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	Barnard, Thomas J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		2600 N Andrews Ave	
1.3 STREET ADDRESS		Wilton Manors, FL	
1.4 CITY-ST-ZIP			
2.1 TITLE	PD	Moore, Shane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		2691 E. Oakland Park Blvd. #301	
2.3 STREET ADDRESS		Ft. Lauderdale, FL	
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	Vella, Vince	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		2611 E. Oakland Park Blvd	
6.3 STREET ADDRESS		FT LAUDERDALE FL	
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.

CR2E037 (4/97)