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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

527362 - 90031 - 30

DOCUMENT # N16366

1. Corporation Name

ROTARY FOUNDATION OF FORT MYERS SOUTH, INC.

Principal Place of Business	Mailing Address
PO BOX 2607 FORT MYERS FL 33902 US	PO BOX 2607 FORT MYERS FL 33902 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/14/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2707408 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JONES, WILLIAM
~~19181 SIX MILE CYPRESS PARKWAY~~xxx 10879 Metro Parkway
FORT MYERS FL ~~33902~~xxx 33912

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 _____ 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	D	XX DELETE	1.1 TITLE	D	XX Change ☐ Addition
NAME	MUSSELMAN, DALE		1.2 NAME	Wilson Wheeler	
STREET ADDRESS	9961 CYPRESS LAKE DR.		1.3 STREET ADDRESS	5900 Jeffrey Ln	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCNEIL, KENNETH		2.2 NAME		
STREET ADDRESS	1715 MONROE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM M CARPENTER		3.2 NAME		
STREET ADDRESS	1510 BEECHWOOD TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		3.4 CITY-ST-ZIP		
TITLE	P	XX DELETE	4.1 TITLE	P	XX Change ☐ Addition
NAME	HOOPER, DR. ROBERT		4.2 NAME	Timothy Underhill	
STREET ADDRESS	7181 COLLEGE PKWY		4.3 STREET ADDRESS	1030 Ione Dr.	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	XX DELETE	5.1 TITLE	D	XX Change ☐ Addition
NAME	TOM MUELLER		5.2 NAME	Cynthia Doragh	
STREET ADDRESS	14541 MAJESTIC EAGLE CT		5.3 STREET ADDRESS	12071 Wedge Dr.	
CITY-ST-ZIP	FT. MYERS FL 33912		5.4 CITY-ST-ZIP	Fort Myers, FL33913	
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: Kenneth E McNeil 5-1-99 941/337-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KENNETH E McNEIL