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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N19680 (0)**

1. Corporation Name

THE ROTARY CLUB OF BOCA RATON, INC.



Principal Place of Business

Mailing Address

P.O. BOX 243 2255
P.O. BOX 243
BOCA RATON FL 33429-7243
USP.O. BOX 243-N/A
BOCA RATON FL 33429-0243
US3. Date Incorporated or Qualified
03/16/19873a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 **2255 GLADES ROAD**26 **2255 GLADES ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **324A**27 **SUITE 324A**

City & State

City & State

23 **BOCA RATON FL**28 **BOCA RATON FL**

Zip

Country

Zip

Country

24 **33431**25 **USA**29 **33431**30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRISCH, DENNIS R.
98 SOUTHWEST NINTH TERRACE
BOCA RATON FL 33432

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **FRIEND, HAROLD**
STREET ADDRESS **1500 N W 10TH AVE #105**
CITY-ST-ZIP **BOCA RATON FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **TD** ☒ DELETE
NAME **JAMES, RANDOLPH H.**
STREET ADDRESS **4901 NW 4TH AVE**
CITY-ST-ZIP **BOCA RATON FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **ECKELSON, ROBERT**
STREET ADDRESS **6664 SKYLINE DR**
CITY-ST-ZIP **DELRAY BEACH FL**3.1 TITLE **PRESIDENT, DIRECTOR** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE
NAME **PASSMORE, JAIMIE**
STREET ADDRESS **7053 NE 3RD AVE**
CITY-ST-ZIP **BOCA RATON FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **WD** ☐ DELETE
NAME **GLASS, WILLIAM**
STREET ADDRESS **125 NW 13 STREET**
CITY-ST-ZIP **BOCA RATON FL**5.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE **DIRECTOR, TREASURER** ☐ Change ☒ Addition
6.2 NAME **DONALD R. WHALEN**
6.3 STREET ADDRESS **4255 NW 26 COURT**
6.4 CITY-ST-ZIP **BOCA RATON FL 33434**

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: **Donald R. Whalen** **DONALD R. WHALEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 561/241-5950

Date

Daytime Phone # 0041908

CR2E037 (9/96)