


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

03-02-1999 90093 037 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N19680**

1. Corporation Name

**THE ROTARY CLUB OF BOCA RATON, INC.**

Principal Place of Business

2255 GLADES RD.  
 324A  
 BOCA RATON FL 33431  
 US

Mailing Address

2255 GLADES RD.  
 STE 324A  
 BOCA RATON FL 33431  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/16/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1355425
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	29	Trust Fund Contribution <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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

FL

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 DENNIS R. FRISCH

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	1.1 TITLE	PRESIDENT - D
NAME	GLASS, WILLIAM F	1.2 NAME	JACKSON, DAVID C.
STREET ADDRESS	125 NW 13 STREET	1.3 STREET ADDRESS	77 E. CAMINO REAL
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VD	2.1 TITLE	VICE PRESIDENT - D
NAME	REIZBURG, ANNETTE	2.2 NAME	MADDER, PHILLIP
STREET ADDRESS	2255 GLADES ROAD	2.3 STREET ADDRESS	3475 SHERIDAN STREET
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	SD	3.1 TITLE	SECRETARY - D
NAME	MADDER, PHIL	3.2 NAME	YOUNG, RICHARD
STREET ADDRESS	3475 SHERIDAN ST	3.3 STREET ADDRESS	3601 N. MILITARY TRAIL
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	TD	4.1 TITLE	TREASURER - D
NAME	BARNHILL, L EDGAR III	4.2 NAME	STANGL, HERBERT
STREET ADDRESS	1037 N.W. 5TH ST	4.3 STREET ADDRESS	23323 WATER CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33486	4.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

HERBERT J. STANGL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT J. STANGL, TREA.

1-15-99

(561) 361-3575

Date

Daytime Phone #

CR2E037 (1/98)