

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:41

DOCUMENT # **N21366** (2)

1. Corporation Name

**LAKELAND NORTH ROTARY CLUB, INC.**

Principal Place of Business

Mailing Address

4740 CLEVELAND HEIGHTS BOULEVARD  
C/O RONALD L. CLARK  
LAKELAND FL 33813-2187

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C/O RONALD L. CLARK  
LAKELAND FL 33813-2187

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/29/1987** 3a. Date of Last Report **03/23/1994**

4. FEI Number **59-2871460** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, RONALD L.  
4740 CLEVELAND HEIGHTS BOULEVARD  
LAKELAND FL 33803

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	POWERS, RICK
STREET ADDRESS	6003 IRBY LN
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	BECK, STEVE, D
STREET ADDRESS	4117 STONEHENGE RD
CITY - ST - ZIP	MULBERRY FL
TITLE	PD
NAME	EATON, TEREL, F
STREET ADDRESS	1125 HALLAM DR
CITY - ST - ZIP	LAKELAND FL
TITLE	PD
NAME	ASHLEY, FRANK, M
STREET ADDRESS	1509 S FLA AVE
CITY - ST - ZIP	LAKELAND FL
TITLE	TD
NAME	MEARES, BROOKE
STREET ADDRESS	1264 ROLLING WOODS LN
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LIENTZ, RICHARD	
2.3 STREET ADDRESS	1241 CANDLEWOOD DR	
2.4 CITY - ST - ZIP	LAKELAND FL	
3.1 TITLE	D	<input checked="" 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHOGER, THOMAS C.	
5.3 STREET ADDRESS	7521 FOREST WAY	
5.4 CITY - ST - ZIP	LAKELAND FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas C. Shoger THOMAS C. SHOGER FEB 1 1995 (813) 859-6772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number