

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21366 (2)**

1. Corporation Name

LAKELAND NORTH ROTARY CLUB, INC.



Principal Place of Business: **4740 CLEVELAND HEIGHTS BOULEVARD C/O RONALD L. CLARK LAKELAND FL 33813-2187**

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

3. Date Incorporated or Qualified: **06/29/1987**

3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-2871460**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent: **CLARK, RONALD L. 4740 CLEVELAND HEIGHTS BOULEVARD LAKELAND FL 33803**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP, D	1.1 TITLE	P, D
NAME	POWERS, RICK	1.2 NAME	
STREET ADDRESS	6003 IRBY LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	John Watkins T, D
NAME	LIENTZ, RICHARD	2.2 NAME	
STREET ADDRESS	1241 CANDLEWOOD DR	2.3 STREET ADDRESS	1928 Vista View Dr
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	D	3.1 TITLE	Kelly Lennon S, D
NAME	EATON, TEREL, F	3.2 NAME	
STREET ADDRESS	1125 HALLAM DR	3.3 STREET ADDRESS	5240 Misty Lake Dr
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	PD	4.1 TITLE	
NAME	ASHLEY, FRANK, M	4.2 NAME	
STREET ADDRESS	1609 S FLA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	VP, D	5.1 TITLE	VP, D
NAME	SHOGER, THOMAS C	5.2 NAME	
STREET ADDRESS	7521 FOREST WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John W. Watkins / John W. Watkins DATE: 3/11/96 TELEPHONE: (941) 687-6369

CR2E037 (12/95)