FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21366

(2)

Mailing Address

LAKELAND NORTH ROTARY CLUB, INC.

4740 CLEVELAND HEIGHTS BOULEVARD C/O RONALD L. CLARK LAKELAND FL 33813-2187		4740 CLEVELAND HEIGHTS BOULEVARD C/O RONALD L. CLARK LAKELAND FL 33813-2187				3. Date Incorporated or Qualified 06/29/1987		ate of Last Re 03/15/199		
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2871460	•		plied For t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State	e	City & State	´			6. Election Campaign Financing	-	\$5.00		
23		28	Cour			Trust Fund Contribution	<u> </u>	Added to		
Zip	Country	Zip 29	Cour	nry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	25 9. Name and Address of Current		1301			10. Name and Address of New Reg				
	5, 1141110 4110 1110 1110 1110 1110 1110			81	Name					
CLARK, RONALD L.					20 Company (D.O. D. Martin Market Library)					
	RUNALU L. EVELAND HEIGHTS BOULEVARD		82 Stre		Street Ad	t Address (P.O. Box Number is Not Acceptable)				
	ID FL 33803		-	83						
DUVERN	#D E 00000		Ļ					les l 7:- /	~~~ <u>~</u>	
			ļ	84	City		FL	85 Zip (Jode	
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.	Signature, typed or printed name of registered agen OFFICERS AND		13.	Agent	signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	PD OFFICENS AND	DELETE	1,1 TIT	1 F	- 4	· <u></u>		*Change	Addition	
NAMÉ	POWERS, RICK		1,2 NA			D SHOGER, THOMAS	<u> </u>		_	
STREET ADDRESS					DDRESS	7521 FORCET WAM				
CITY-ST-ZIP				3 STREET ADDRESS LAKECUMD, FZ 33810						
TITLE	TO	DELETE	2.1 117					Change	Addition	
NAME	WATKINS, JOHN		2.2 NA	ME	1"	V/V(CDDA) 14/2	4			
STREET ADDRESS	1928 VISTA VIEW DRIVE		23511	REET AS	DDRESS	804 W. LK. JESSA DA	1000			
CITY-ST-ZIP	LAKELAND FL	•	2.4 CF	TY-ST	- ZiP	WINTER HAVINIPR	3 38	8		
1/1LE	SD	DELETE	3.1 TIT	LE		SD I AMNON, KELLY		Change	Addition	
NAME	CANNON, KELLY	,	3.2 NA	ME		SD LANNON, KELLY SZYO MISTY LAME!	DRIVE			
STREET ADDRESS	5240 MISTY LAKE DRIVE			REET AI	DORESS	MULBERY, ER 3	78/.	. A)		
CITY-SI-ZIP	MILBERRY FL		3.4. CI	TY-ST	- ZIP	MOCERANIVE	100	_		
TITLE	VPD	DELETE.	4.1 TIT	ILE.		UPD WATKINS, JOH	J	Change	Addition	
NAME	SHOGER, THOMAS C	'	4. 2 N/	AME		UPD WATKINS, JOHN	יואפנ	×e.		
STREET ACCRESS	7521 FOREST WAY		4.3 ST	REET A	DDRESS	LARELAND, PC				
CITY - ST - ZIP	LAKELAND FL		4.4 C(1	TY-ST-	ZIP	V 11-12-(10-0) 1 -				
TITLE		DELETE	5.1 1)]					Change	Addition	
NAME		ľ	5.2 NA							
STREET ADDRESS	1				address					
CITY - ST - ZIP		[] OLICIT		TY-\$T-	-ZIP			Change	Addition	
TITLE		☐ DELETE	61 TIT		1			L Change	L.J AUGILIUIT	
NAME			6.2 NA							
STREET ADDRESS					DDRESS					
CiTY - ST - ZIP	by cortify that the information supplies	with this filing does not gue		IY-SI-		ited in Section 119.07/3\(i) Florida Statute	s. I furthe	er certify that	the	
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 acaddress. SIGNATURE: SIGNATURE: Description of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplied under the same legal effect as if made under oath; that I am an officer or director of 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 acaddress. SIGNATURE: Description of the corporation of 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 acaddress. SIGNATURE: Description of the corporation of 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 12 or Block 12 or Block 12 or Block 13 if changed, or on an attachment with acaddress.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO THE TOTAL PROPERTY OF THE PRO										