

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21366 (2)**  
1. Corporation Name  
**LAKELAND NORTH ROTARY CLUB, INC.**



Principal Place of Business <b>4740 CLEVELAND HEIGHTS BOULEVARD C/O RONALD L. CLARK LAKELAND FL 33813-2187</b>	Mailing Address <b>4740 CLEVELAND HEIGHTS BOULEVARD C/O RONALD L. CLARK LAKELAND FL 33813-2187</b>
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3. Date Incorporated or Qualified <b>06/29/1987</b>	
4. FEI Number <b>59-2871460</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 RONALD L. CLARK DATE 1/30/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOGER, THOMAS C	
STREET ADDRESS	7521 FOREST WAY	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORDBY, MARK	
STREET ADDRESS	804 W. LK JESSIE DR, NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANNON, KELLY	
STREET ADDRESS	5240 MISTY LAKE DRIVE	
CITY-ST-ZIP	MILBERRY FL 33860	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WATKINS, JOHN	
STREET ADDRESS	1928 VISTA VIEW DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WATKINS, JOHN W	
1.3 STREET ADDRESS	1928 VISTA VIEW DR.	
1.4 CITY-ST-ZIP	LAKELAND, FL. 33813	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BREND, NORMAN L	
2.3 STREET ADDRESS	2409 ROSLYN LANE	
2.4 CITY-ST-ZIP	LAKELAND, FL. 33813	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEONARD, CHERYL	
3.3 STREET ADDRESS	117 PATTEN HGTS	
3.4 CITY-ST-ZIP	LAKELAND, FL. 33803	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NORDBY, MARK	
4.3 STREET ADDRESS	804 W. LK JESSIE DR. NW	
4.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: John W. Watkins DATE: Jan 30, 1998 DAYTIME PHONE: (941) 687-6369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)