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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21366

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/29/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2871460
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
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	WATKINS, JOHN W	
STREET ADDRESS	1928 VISTA VIEW DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BREND, NORMAN L	
STREET ADDRESS	2409 ROSLYN LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEONARD, CHERYL	
STREET ADDRESS	117 PATTEN HGTS	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NORDBY, MARK	
STREET ADDRESS	804 W LK JESSIE DR. NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Art Reimann	
1.3 STREET ADDRESS	3578 Barley Lane	
1.4 CITY-ST-ZIP	Lakeland, FL 33801	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Adam Airth	
2.3 STREET ADDRESS	4740 Cleveland Heights Blvd	
2.4 CITY-ST-ZIP	Lakeland, Florida 33813	
3.1 TITLE	Secretary/Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James Rudden	
3.3 STREET ADDRESS	6800 State Road 37 N	
3.4 CITY-ST-ZIP	Mulberry, FL 33860	
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		<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, with all other like empowered.

SIGNATURE: SIGNATURE OF THE TREASURER 1/27/98 (941) 647-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)