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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # **N22652** (4)
1. Corporation Name

ROTARY CLUB OF GAINESVILLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O JOHN H. HASWELL
211 N.E. 1ST STREET
GAINESVILLE FL 32601

C/O JOHN H. HASWELL
211 N.E. 1ST STREET
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

09/24/1987

4. FEI Number

59-2914025

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

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

HASWELL, JOHN H.
211 N.E. 1ST STREET
GAINESVILLE FL 32601

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WIGGLESWORTH, ROBERT | |
| STREET ADDRESS | 3131 NW 13TH ST | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LIPSIUS, CARLTON E | |
| STREET ADDRESS | 4383 NW 122ND ST | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | EUBANK, F. WESLEY | |
| STREET ADDRESS | 9330 N W 13TH PL | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | LAWRENCE, PARKER F. | |
| STREET ADDRESS | 2516 NW 22ND AVE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HASWELL, JOHN H. | |
| STREET ADDRESS | 3671 NW 37TH ST | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CARTER, WILLIAM F. | |
| STREET ADDRESS | 8201 SW 1ST PLACE | |
| CITY-ST-ZIP | GAINESVILLE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | PRESIDENT (CO) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | C. LEE PINKOSON | |
| 1.3 STREET ADDRESS | 2820 NW 38 DR | |
| 1.4 CITY-ST-ZIP | GAINESVILLE, FL 32605 | |
| 2.1 TITLE | PRESIDENT (CO) DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | J. M. CREVASSE, III | |
| 2.3 STREET ADDRESS | 5920 NW 33 Terr | |
| 2.4 CITY-ST-ZIP | GAINESVILLE, FL 32653 | |
| 3.1 TITLE | PRESIDENT (CO) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | E. F. GOODMAN, JR | |
| 3.3 STREET ADDRESS | 3605 NW 38 Blvd | |
| 3.4 CITY-ST-ZIP | Gainesville, FL 32605 | |
| 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.

SIGNATURE: *John H. Haswell* REQUIRED

1/6/98 352-955-7500 X 242

CR2E037 (10/97)