


FILE NOW: FILING FEE IS \$61.25

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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23685 (3)
1. Corporation Name
ROTARY CLUB OF PALM BAY, FLORIDA, INCORPORATED



Principal Place of Business 2186 HARRIS AVE. N E. #2 PALM BAY FL 32905	Mailing Address POST OFFICE BOX 060357 PALM BAY FL 32905-0357
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3. Date Incorporated or Qualified
12/02/1987

4. FEI Number 59-1691565	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 5225 Babcock St NE	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Palm Bay FL	City & State 28
Zip 24 32905	Country 25
Country 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HORNE, FRANK T.
1099 MEADOW BROOK RD NE
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name Cary Wolf
82 Street Address (P.O. Box Number is Not Acceptable) 170 Sherwood Ave.
83
84 City Satellite Beach FL
85 Zip Code 32937

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]* DATE: **1/26/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNE, FRANK 1099 MEADOW BROOK RD. N.E. PALM BAY FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIEGLER, ANDY 207 SOUTH GATE BLVD MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, SAM 567 PINETREE DR. INDIALANTIC FL 32903	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEVINS, JIM 1399 MEADOW BROOK RD. NE. PALM BAY FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, GARY 170 SHERWOOD AVE. SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITLEY, JAMES 320 BELLIS COURT SE PALM BAY FL	<input type="checkbox"/> DELETE	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P WOLF, CARY 170 Sherwood Ave Satellite Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Blevins, Jim 1399 meadowbrook rd NE Palm Bay, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Howlett, Dale 503 Espana ct Satellite Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D COPELAND, BARRELL 1775 Porpoise St Merritt Island Melbourne, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D ZIELLER, ANDY 207 South gate Blvd Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TREAS. WHITLEY, JAMES 320 BELLIS CT. SE. PALM BAY, FL 32909	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* DATE: **1/26/98** DAYTIME PHONE: **407 957 0259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)