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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



DOCUMENT # N23685 ✓
 1. Corporation Name
ROTARY CLUB OF PALM BAY, FLORIDA, INCORPORATED

Principal Place of Business: 5225 BABCOCK ST NE, PALM BAY FL 32905 US
 Mailing Address: POST OFFICE BOX 060357, PALM BAY FL 32905-0357



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	12/02/1987
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-1691565
24. Country	29. Country	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOLF, GARY 170 SHERWOOD AVE SATELLITE BEACH FL 32937		81. Name	JAMES BLEVINS
		82. Street Address (P.O. Box Number is Not Acceptable)	1480 PALM BAY ROAD NE
		83.	
		84. City	PALM BAY FL
		85. Zip Code	32905

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, am familiar with, and accept the provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: JAMES BLEVINS DATE: 3-3-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	BLEVINS, JIM	1.2 NAME	HARRELL COPELAND
STREET ADDRESS	1399 MEADOWBROOK RD NE	1.3 STREET ADDRESS	1775 PORPOISE ST.
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D	2.1 TITLE	D
NAME	HOWLETT, DALE	2.2 NAME	GARY WOLF
STREET ADDRESS	503 ESPANO CT	2.3 STREET ADDRESS	170 SHERWOOD AVE
CITY-ST-ZIP	SATELLITE BCH FL 32937	2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D	3.1 TITLE	D
NAME	COPELAND, HARRELL	3.2 NAME	DALE HOWLETT
STREET ADDRESS	1775 PORPOISE ST	3.3 STREET ADDRESS	503 ESPANO CT
CITY-ST-ZIP	MERRITT ISLAND FL 32952	3.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D	4.1 TITLE	S.
NAME	ZIELER, ANDY	4.2 NAME	WAYNE WILSON
STREET ADDRESS	207 SOUTHGATE BLVD	4.3 STREET ADDRESS	1641 AVERY RD. NE
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	P	5.1 TITLE	P
NAME	WOLF, GARY	5.2 NAME	JAMES BLEVINS
STREET ADDRESS	170 SHERWOOD AVE.	5.3 STREET ADDRESS	1480 PALM BAY ROAD, NE
CITY-ST-ZIP	SATELLITE BEACH FL 32937	5.4 CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	T	6.1 TITLE	D
NAME	WHITLEY, JAMES	6.2 NAME	MARK BUCHWEITZ
STREET ADDRESS	320 BELLIS COURT SE	6.3 STREET ADDRESS	3630 1ST AVE
CITY-ST-ZIP	PALM BAY FL 32909	6.4 CITY-ST-ZIP	VALKARIA, FL 32905

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] DATE: 3-3-99 DAYTIME PHONE #: 407 251-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE-111081