

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000377 (2)

1. Corporation Name

TRENTON ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

**THEODORE M. BURT
114 NORTHEAST FIRST ST.
TRENTON FL 32693**

**THEODORE M. BURT
114 NORTHEAST FIRST ST.
TRENTON FL 32693**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/22/1993

3a. Date of Last Report
04/10/1995

4. FEI Number
59-3141291

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**BURT, THEODORE M
114 NORTHEAST FIRST ST.
TRENTON FL 32693**

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

OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	WILLIAMS, CARL	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	BELL FL	
TITLE	DV	☒ DELETE
NAME	MARTIN, DON	
STREET ADDRESS	114 NE 1ST STREET	
CITY-ST-ZIP	TRENTON FL	
TITLE	DT	☐ DELETE
NAME	PARRISH, TERRY	
STREET ADDRESS	SE 5TH AVENUE	
CITY-ST-ZIP	TRENTON FL	
TITLE	DS	☐ DELETE
NAME	SMITH, CHARLES	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	BELL FL	
TITLE	DP	☐ DELETE
NAME	Devore, Billy	
STREET ADDRESS	P.O. Box 850	
CITY-ST-ZIP	Trenton, Florida	
TITLE	VP	☐ DELETE
NAME	Slaughter, Cindy	
STREET ADDRESS	c/o P.O. Box 308	
CITY-ST-ZIP	Trenton, FL 32693	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PE ☐ Change ☒ Addition
1.2 NAME	LAWRENCE, RICK
1.3 STREET ADDRESS	322 N.E. 4th Ave.
1.4 CITY-ST-ZIP	Trenton, FL
2.1 TITLE	SAA ☐ Change ☒ Addition
2.2 NAME	Weaver, Marvin
2.3 STREET ADDRESS	Highway 307
2.4 CITY-ST-ZIP	Trenton, FL
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	Philman, Ed
3.3 STREET ADDRESS	c/o P.O. Box 308
3.4 CITY-ST-ZIP	Trenton, FL 32693
4.1 TITLE	D ☐ Change ☒ Addition
4.2 NAME	Yates, Patricia
4.3 STREET ADDRESS	626 N.E. 7th Ave.
4.4 CITY-ST-ZIP	Trenton
5.1 TITLE	D ☐ Change ☒ Addition
5.2 NAME	Troyer, Todd
5.3 STREET ADDRESS	N.W. 5th St., Trenton, FL
5.4 CITY-ST-ZIP	
6.1 TITLE	D ☐ Change ☒ Addition
6.2 NAME	Deen, Katherine
6.3 STREET ADDRESS	N.W. Second St.
6.4 CITY-ST-ZIP	Trenton, FL

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

Daytime Phone #

CR2E037 (12/95)