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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32693-3410

3. Date Incorporated or Qualified: **01/22/1993**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
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	XX	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	LAWRENCE, RICK		1.2 NAME		
STREET ADDRESS	322 N.E. 4TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL		1.4 CITY-ST-ZIP		
TITLE	SAA	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, MARVIN		2.2 NAME		
STREET ADDRESS	HWY 307		2.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL		2.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	3.1 TITLE	DT	☐ Change XX Addition
NAME	PARRISH, TERRY		3.2 NAME	Guthrie, Scott	
STREET ADDRESS	SE 5TH AVENUE		3.3 STREET ADDRESS	P.O. Box 1781 SW CR 307	
CITY-ST-ZIP	TRENTON FL		3.4 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	DS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, CHARLES		4.2 NAME		
STREET ADDRESS	ROUTE 1		4.3 STREET ADDRESS	3649 N.W. 67th Terrace	
CITY-ST-ZIP	BELL FL		4.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	5.1 TITLE	DVP	☐ Change ☒ Addition
NAME	DEVORE, BILLY		5.2 NAME	Cindy Slaughter	
STREET ADDRESS	P.O. BOX 850		5.3 STREET ADDRESS	1770 S.W. 27th Ave.	
CITY-ST-ZIP	TRENTON FL		5.4 CITY-ST-ZIP	Bell, Florida 32619	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DEEN, KATHERINE		6.2 NAME	William Clifton	
STREET ADDRESS	NW SECOND STREET		6.3 STREET ADDRESS	515 SW 1st St.	
CITY-ST-ZIP	TRENTON FL		6.4 CITY-ST-ZIP	Trenton, Florida 32693	

CR2E037 (9/96)

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #