SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jul 23 1998 8:00am
Secretary of State

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 [illegible] PO Box 308 TRENTON FL 32693

3. Date Incorporated or Qualified: 01/22/1993

4. FEI Number: 59-3141291 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 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

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	DP	D ☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	LAWRENCE, RICK	Dennis Riordan	1.2 NAME	Terry Parrish	
STREET ADDRESS	322 N.E. 4TH AVENUE	4369 NW 60th St	1.3 STREET ADDRESS	PO Box 82, 206 SE 5th Avenue	
CITY-ST-ZIP	TRENTON FL	Bell FL 32619	1.4 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	SAA	☒ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	WEAVER, MARVIN		2.2 NAME	Todd Bryant	
STREET ADDRESS	HWY 307		2.3 STREET ADDRESS	6489 SW CR 232	
CITY-ST-ZIP	TRENTON FL		2.4 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	DT	☐ DELETE	3.1 TITLE	DPE	☐ Change ☒ Addition
NAME	GUTHRIE, SCOTT		3.2 NAME	Paula Fugel	
STREET ADDRESS	PO BOX 1781 SW CR 307		3.3 STREET ADDRESS	Lot 106S Gulf Dr, PO Box 92	
CITY-ST-ZIP	TRENTON FL 32693		3.4 CITY-ST-ZIP	Suwannee, FL 32692	
TITLE	DS	☐ DELETE	4.1 TITLE	DSA	☐ Change ☒ Addition
NAME	SMITH, CHARLES		4.2 NAME	John Frazier	
STREET ADDRESS	3649 NW 67TH TERR		4.3 STREET ADDRESS	3539 SW 47th Court	
CITY-ST-ZIP	BELL FL 32619		4.4 CITY-ST-ZIP	Bell, FL 32619	
TITLE	DVP	☒ DELETE	5.1 TITLE	DCS	☐ Change ☒ Addition
NAME	SLAUGHTER, CINDY		5.2 NAME	Susan Bryant	
STREET ADDRESS	1770 SW 27 AVE		5.3 STREET ADDRESS	PO Box 954, 6770 SW 65th Street	
CITY-ST-ZIP	BELL FL		5.4 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	D CS	☐ DELETE	6.1 TITLE	DI	☐ Change ☒ Addition
NAME	CLIFTON, WILLIAM		6.2 NAME	Edward Philman	
STREET ADDRESS	515 SW 1ST STREET		6.3 STREET ADDRESS	5880 NW 57th Court	
CITY-ST-ZIP	TRENTON FL 32693		6.4 CITY-ST-ZIP	Bell, FL 32619	

CR2E037 (5/98)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #