FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90218 023 ****61.25

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DOCUMENT # **N93000000377**

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.~~ PO Box 308 TRENTON FL 32693

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

3. Date Incorporated or Qualifed
01/22/1993

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

5. Certifcate 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

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	PD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition DS
NAME	PARRISH, TERRY		1.2 NAME	Charlie Smith
STREET ADDRESS	P O BOX 82/206 SE 5TH AVENUE		1.3 STREET ADDRESS	3649 NW 67th Terrace
CITY-ST-ZIP	TRENTON FL 32693		1.4 CITY-ST-ZIP	Bell, FL 32619
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, TODD		2.2 NAME	
STREET ADDRESS	6489 S W CR 232		2.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL 32693		2.4 CITY-ST-ZIP	
TITLE	DPE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FUGEL, PAULA		3.2 NAME	
STREET ADDRESS	LOT 106 S GULF DRIVE/P O BOX 92		3.3 STREET ADDRESS	
CITY-ST-ZIP	SUWANNEE FL 32692		3.4 CITY-ST-ZIP	
TITLE	DSA	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, JOHN		4.2 NAME	
STREET ADDRESS	3539 S W 47TH COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	BELL FL 32619		4.4 CITY-ST-ZIP	
TITLE	DCS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, SUSAN		5.2 NAME	
STREET ADDRESS	P O BOX 954/6770 S W 65TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL 32693		5.4 CITY-ST-ZIP	
TITLE	DCS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CLIFTON, WILLIAM		6.2 NAME	
STREET ADDRESS	515 SW 1ST STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-19-99 (352) 463-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #