NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800001192

1. Corporation Name

CANTO	NMENT ROTARY CLUB FOU	INDATION, INC.	\$er.			
Principal Place P.O. BOX 235 CANTONMENT	1	Mailing Address P.O. BOX 235 CANTONNENT FL 32533				
Ь .	Place of Business	2a. Mailing Address	<u></u>	3. Date Incorporated or Qualifed 02/27/1998 -		
Suite, Apt.	# etc	Suite, Apt. #, etc.		4. FEI Number	Applied For	٠
22	w, 5tb.	27		59-3497386	Not Applicable	
City & Stat	de .	City & State	;	5. Certificate of Status Desired	_ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29	30	Trust Fund Contribution	Added to Fees	
*.	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent	
			81 Name			
BOYWID,	EDWARD T		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
4502 TW	N OAKS DR.					
PENSACO	OLA FL 32506		83			
			84 City	F	85 Zip Code	
11. Pursuant office or ragent. I a			s, the above-named cor thorized by the corporat da Statutes.	poration submits this statement for the purpose tion's board of directors, I hereby accept the ap	pointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	t and the if applicable. (NOTE:	Registered Agent eignature requi	red when reinstating) DATE		8
12.	Signature, typed opprinted name of registered ager	n and the l'applicable. (NOTE: D DIRECTORS	13.			1/98)
_	Signature, typed opprinted name of registered ager	t and title if applicable. (NOTE:		red when reinstating) DATE		(11/98)
12.	Signatore, typed operined name of registered ager OFFICERS AN	nt and tale if applicable. (NOTE: D DIRECTORS	13.	red when reinstating) DATE		037 (11/98)
12.	Signators, typed opprivided name of registated aper OFFICERS AN D HARPER, RICHARD W	nt and tale if applicable. (NOTE: D DIRECTORS	13. 1,1 TITLE	red when reinstating) DATE		ZE037 (11/98)
12. TILE	Styristoffs, hyperd opyfivilled name of registrated apart OFFICERS AN D HARPER, RICHARD W	nt and title if appricable. (NOTE: 1)  D DIRECTORS	13. 1,1 TITLE 12 NAME	red when reinstating) DATE	AND DIRECTORS IN 12 Change Addition	CRZE037 (11/98)
12. TITLE NAME STREET ADDRESS	Structife, typed opprivided name of registrated apart OFFICERS AN D HARPER, RICHARD W 3751 MCCLELLAN ROAD	nt and tale if applicable. (NOTE: D DIRECTORS	13. 1,1 TITLE 12 NAME 1,3 STREET ADDRESS	red when reinstating) DATE		CR2E037 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Structife, typed opprivided name of registrated apart OFFICERS AN D HARPER, RICHARD W 3751 MCCLELLAN ROAD PENSACOLA FL 32503 D WENTZ, PAT	nt and title if appricable. (NOTE: 1)  D DIRECTORS	13. 1,1 TITLE 12 NAME 1.3 STREET ADDRESS 1,4 CITY-ST-ZP	red when reinstating) DATE	AND DIRECTORS IN 12 Change Addition	CR2E037 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D HARPER, RICHARD W 3751 MCCLELLAN ROAD PENSACOLA FL 32503 D WENTZ, PAT 1941 WOODBRIDGE DR.	nt and title if appricable. (NOTE: 1)  D DIRECTORS	1.3.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTORS IN 12 Change Addition	CRZE037 (11/98)
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12. TITLE NAME STREET ADDRESS CITY- 5T-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN D HARPER, RICHARD W 3751 MCCLELLAN ROAD PENSACOLA FL 32503 D WENTZ, PAT 1941 WOODBRIDGE DR. PENSACOLA FL 32514 D	nt and title if appricable. (NOTE: 1)  D DIRECTORS	1.3.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	red when reinstating) DATE	AND DIRECTORS IN 12 Change Addition	CRZE037 (11/98)
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14. Thereby 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

2891 EAST JOHNSON AVE.

PENSACOLA FL 32514

NATULE REQUIRED

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90179 040 \*\*\*\*61.25