


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

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

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # N98000001192**

1. Corporation Name

**CANTONMENT ROTARY CLUB FOUNDATION, INC.**

Principal Place of Business

P.O. BOX 235  
CANTONMENT FL 32533

Mailing Address

P.O. BOX 235  
CANTONMENT FL 32533

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/27/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3497386
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
30		

9. Name and Address of Current Registered Agent

**BOYWID, EDWARD T**  
**4502 TWIN OAKS DR.**  
**PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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



(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, RICHARD W	1.2 NAME	
STREET ADDRESS	3751 MCCLELLAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTZ, PAT	2.2 NAME	
STREET ADDRESS	1941 WOODBRIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFORD, ED	3.2 NAME	
STREET ADDRESS	817 DEEDRA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGERS, DICK	4.2 NAME	
STREET ADDRESS	5709 BAY FOREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASHUER, HERBERT	5.2 NAME	
STREET ADDRESS	1201 TAMARA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, NEIL	6.2 NAME	
STREET ADDRESS	2891 EAST JOHNSON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)