

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90015 041 ****61.25

DOCUMENT # N98000001192

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3497386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **WENTZ, PAT**
STREET ADDRESS **1941 WOODBRIDGE DR.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **PD** ☒ Change ☐ Addition
NAME **Neil Jernigan**
STREET ADDRESS **2891 East Johnson Avenue**
CITY-ST-ZIP **Pensacola, Florida 32534**

TITLE **STD** ☒ Delete
NAME **FRASHUER, HERBERT**
STREET ADDRESS **1201 TAMARA DR.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **SD** ☒ Change ☐ Addition
NAME **Mark Carpenter**
STREET ADDRESS **8450 Pensacola Boulevard**
CITY-ST-ZIP **Pensacola, Florida 32534**

TITLE **VPD** ☒ Delete
NAME **JERNIGAN, NEIL**
STREET ADDRESS **2891 EAST JOHNSON AVE.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Steve Peranich**
STREET ADDRESS **4914 Pattock Place**
CITY-ST-ZIP **Pace, Florida 32571**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Chris Moorhead**
STREET ADDRESS **P. O. Box 17129**
CITY-ST-ZIP **Pensacola, Florida 32522**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** T. Boywid 1/23/2002 (850) 453-8303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)