


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90048 039 \*\*\*\*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>
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**DOCUMENT # 703601**

1. Corporation Name

**ROTARY CLUB OF CLEARWATER BEACH, INC.**

Principal Place of Business

~~900 GROVE ST~~ **P.O. Box 10782**  
~~STE 9~~  
**CLEARWATER FL 33756 33757**  
**US**

Mailing Address

**P O BOX 10782**  
**CLEARWATER FL 33756 33757**  
**US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/19/1962	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	
22		27		59-6152310	
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		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

**PIERNICK, ANTHONY T**  
**P O BOX 840**  
**CLEARWATER FL 33757**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<b>"D"</b>
NAME	<b>HAMILTON, HOYT P</b>	1.2 NAME	
STREET ADDRESS	<b>2020 CORONET LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>"B"</b>
NAME	<b>ASCHBAUGH, CARL</b>	2.2 NAME	<b>Elizabeth F. Hayes</b>
STREET ADDRESS	<b>BEACH SPA, 641 1/2 MANDALAY</b>	2.3 STREET ADDRESS	<b>418 Midway Island</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	2.4 CITY-ST-ZIP	<b>Clearwater FL 33767</b>
TITLE	<b>X</b>	3.1 TITLE	<b>"B"</b>
NAME	<b>DAMSKER, WENDY S</b>	3.2 NAME	
STREET ADDRESS	<b>SEA WAKE RESORTS, 445 HAMDEN DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	3.4 CITY-ST-ZIP	
TITLE	<b>X</b>	4.1 TITLE	<b>"P"</b>
NAME	<b>FECKNER, BOB</b>	4.2 NAME	
STREET ADDRESS	<b>BSA 11046 JOHNSON BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>X</b>	5.1 TITLE	<b>"P"</b>
NAME	<b>BONNINGTON, A D</b>	5.2 NAME	
STREET ADDRESS	<b>2720 JEWEL ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<b>"F.E."</b>
NAME	<b>MOSES, JUDY</b>	6.2 NAME	<b>JAMES T. Myers</b>
STREET ADDRESS	<b>CITIZENS BANK 1190 CLEVELAND ST</b>	6.3 STREET ADDRESS	<b>567 S. Duncan</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33757</b>	6.4 CITY-ST-ZIP	<b>Clearwater FL 33758</b>

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:

**ASCHBAUGH, CARL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/99** **(727) 723-7788**  
 Date Telephone

CR2E037 (1/98)