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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 703601

1. Corporation Name
 ROTARY CLUB OF CLEARWATER BEACH, INC.

Principal Place of Business: ~~900 GROVE ST STE 9~~ P.O. Box 10782, CLEARWATER FL ~~33755~~ 33757 US
 Mailing Address: P O BOX ~~100~~ 10782, CLEARWATER FL ~~33755~~ 33757 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/19/1962
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-6152310
25	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
26			\$8.75 Additional Fee Required
27			6. Election Campaign Financing <input type="checkbox"/>
28			\$5.00 May Be Added to Fees
29			Trust Fund Contribution
30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PIERNICK, ANTHONY T P O BOX 840 CLEARWATER FL 33757	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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, HOYT P	1.2 NAME	"H"
STREET ADDRESS	2020 CORONET LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASCHBAUGH, CARI	2.2 NAME	Elizabeth F. Hayes
STREET ADDRESS	BEACH SPA, 641 1/2 MANDALAY	2.3 STREET ADDRESS	418 Midway Island
CITY-ST-ZIP	CLEARWATER FL 33767	2.4 CITY-ST-ZIP	Clearwater FL 33767
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMSKER, WENDY S	3.2 NAME	"D"
STREET ADDRESS	SEA WAKE RESORTS, 445 HAMDEN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FECKNER, BOB	4.2 NAME	"F"
STREET ADDRESS	BSA 11046 JOHNSON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNINGTON, A D	5.2 NAME	"B"
STREET ADDRESS	2720 JEWEL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLAIR BLUFFS FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSES, JUDY	6.2 NAME	"J.E."
STREET ADDRESS	CITIZENS BANK 1190 CLEVELAND ST	6.3 STREET ADDRESS	JAMES T. NERS
CITY-ST-ZIP	CLEARWATER FL 33757	6.4 CITY-ST-ZIP	567 S. Dunbar Clearwater FL 33758

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: W. Skyles T. Ners **REQUIRED** Date: 2/4/99 Telephone: (727) 723-7788

CR2E037 (1/98)