

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001192

**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC3035959245**

**Entity Name:** CANTONMENT ROTARY CLUB FOUNDATION, INC.

**Current Principal Place of Business:**

6251LAKE CHARLENE DRIVE  
PENSACOLA, FL 32506

**Current Mailing Address:**

6251LAKE CHARLENE DRIVE  
PENSACOLA, FL 32506

**FEI Number: 59-3497386**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOYWID, EDWARD T  
6251 LAKE CHARLENE DRIVE  
PENSACOLA, FL 32506 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REYNOLDS, DOUGLAS DR.  
Address        5800 DAHOON DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title            PAST PRESIDENT  
Name            NIXON, DAVID  
Address        4680 LANETT DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title            DIRECTOR  
Name            BOYWID, EDWARD T  
Address        6251 LAKE CHARLENE DRIVE  
City-State-Zip: PENSACOLA FL 32506

Title            TREASURER  
Name            HOWELL, KEVIN  
Address        1425 TWILIGT DR.  
City-State-Zip: CANTONMENT FL 32533

Title            PRESIDENT-ELECT  
Name            ENGLAND, CATHY  
Address        806 COUTER AVE.  
City-State-Zip: PENSACOLA FL 32533

Title            SECRETARY  
Name            BYERS, ANGELIA  
Address        208 DWIGHT AVE.  
City-State-Zip: PENSACOLA FL 32507

Title            VICE-PRESIDENT  
Name            KING, BOBBY  
Address        205 WEST GREGORY ST.  
City-State-Zip: PENSACOLA FL 32501

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EDWARD T.. BOYWID**

**DIRECTOR**

**03/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date