# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700095 (3)

1. Corporation Name

WEST PALM BEACH ROTARY CLUB STUDENT AID FUND, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 1626<br>WEST PALM BEACH FL 33402 | P. O. BOX 1626<br>WEST PALM BEACH FL 33402 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1859
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1002972 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 ROTARY CLUB OF WPB<br>c/o CHISMARK & CO.<br>22 901 NORTHPOINT PARKWAY<br>SUITE No. 102<br>23 WEST PALM BEACH, FL 33407<br>Zip 688-0888 County<br>24 25 | 26 ROTARY CLUB OF WPB<br>c/o CHISMARK & CO<br>27 901 NORTHPOINT PARKWAY<br>SUITE No. 102<br>28 WEST PALM BEACH FL 33407<br>Zip 688-0888 County<br>29 30 |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ROGERS, S. EMORY<br>316 BANYAN ST<br>WEST PALM BEACH FL 33401 | 81 Name: Chismark, George &<br>82 Street Address (P.O. Box): 901 Northpoint Parkway, Ste. 102<br>83<br>84 City: West Palm Beach FL 85 Zip Code: 33407 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: George E. Chismark Jr. DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name altered)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DS | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MIHALOVICH, DR. JOHN | 12 NAME | |
| STREET ADDRESS | 4759 VIA PALM LAKE, #304 | 13 STREET ADDRESS | 4759 Via Palm Lake, #303 |
| CITY ST ZIP | W PALM BCH FL | 14 CITY ST ZIP | |
| TITLE | P | 21 TITLE | ☐ Change ☐ Addition |
| NAME | GOULD, REBECCA L | 22 NAME | |
| STREET ADDRESS | 601 SEAFARER CIR., #302 | 23 STREET ADDRESS | 3030 Coastal Circle |
| CITY ST ZIP | JUPITER FL | 24 CITY ST ZIP | Palm Beach Gardens FL 33410 |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | KISSEL, GREGORY M | 32 NAME | |
| STREET ADDRESS | 19060 TALON WAY | 33 STREET ADDRESS | |
| CITY ST ZIP | JUPITER FL | 34 CITY ST ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | DUFFY, LAWRENCE | 42 NAME | |
| STREET ADDRESS | 1714 - 17TH WAY | 43 STREET ADDRESS | 810 S Palm Way |
| CITY ST ZIP | W. PALM BCH. FL | 44 CITY ST ZIP | Lake Worth FL 33460 |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | NASON, NATHAN E | 52 NAME | |
| STREET ADDRESS | 11639 HACKBERRY LN. | 53 STREET ADDRESS | |
| CITY ST ZIP | PALM BCH. GARDENS FL | 54 CITY ST ZIP | |
| TITLE | ES | 61 TITLE | XX Change ☐ Addition |
| NAME | WELSH, MARIA | 62 NAME | George E. Chismark, Jr. |
| STREET ADDRESS | 1221 SW 25TH PLACE | 63 STREET ADDRESS | 901 Northpoint Parkway #102 |
| CITY ST ZIP | BOYNTON BCH. FL | 64 CITY ST ZIP | West Palm Beach FL 33407 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: George E. Chismark Jr. Date
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

0047747