

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700095 (3)

1. Corporation Name

WEST PALM BEACH ROTARY CLUB STUDENT AID FUND, IN C.

Principal Place of Business

Mailing Address

901 NORTHPOINT PARKWAY
STE 102
WEST PALM BEACH FL 33407
US

901 NORTHPOINT PKWY
STE 102
WEST PALM BEACH FL 33407
US



3. Date Incorporated or Qualified
10/29/1859

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1002972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

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

**CHISMARK, GEORGE
901 NORTHPOINT PKWY
STE 102
WEST PALM BEACH FL 33407**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE
NAME MIHALOVICH, DR. JOHN
STREET ADDRESS 4759 VIA PALM LAKE #303
CITY-ST-ZIP W PALM BCH FL

TITLE P ☐ DELETE
NAME GOULD, REBECCA L
STREET ADDRESS 3030 COASTAL CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE S ☐ DELETE
NAME KISSEL, GREGORY M
STREET ADDRESS 19060 TALON WAY
CITY-ST-ZIP JUPITER FL

TITLE D ☐ DELETE
NAME DUFFY, LAWRENCE
STREET ADDRESS 810 S PALM WAY
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE
NAME NASON, NATHAN E
STREET ADDRESS 11639 HACKBERRY LN.
CITY-ST-ZIP PALM BCH. GARDENS FL

TITLE ES ☐ DELETE
NAME CHISMARK, GEORGE E. J
STREET ADDRESS 901 NORTHPOINT PKWY #102
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 407-688-0888
Date Daytime Phone #

CR2E037 (12/95)