


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 901 NORTHPOINT PARKWAY STE 102 WEST PALM BEACH FL 33407 US		Mailing Address 901 NORTHPOINT PKWY STE 102 WEST PALM BEACH FL 33407-1970 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent CHISMARK, GEORGE 901 NORTHPOINT PKWY STE 102 WEST PALM BEACH FL 33407		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	
NAME	MIHALOVICH, DR. JOHN		
STREET ADDRESS	4759 VIA PALM LAKE #303		
CITY-ST-ZIP	W PALM BCH FL		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	GOULD, REBECCA L		
STREET ADDRESS	3030 COASTAL CIRCLE		
CITY-ST-ZIP	PALM BEACH GARDENS FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	KISSEL, GREGORY M		
STREET ADDRESS	19080 TALON WAY		
CITY-ST-ZIP	JUPITER FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DUFFY, LAWRENCE		
STREET ADDRESS	810 S PALM WAY		
CITY-ST-ZIP	LAKE WORTH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	NASON, NATHAN E		
STREET ADDRESS	11639 HACKBERRY LN.		
CITY-ST-ZIP	PALM BCH. GARDENS FL		
TITLE	ES	<input type="checkbox"/> 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	David Luhrsens		
1.3 STREET ADDRESS	901 S. Flagler Dr.		
1.4 CITY-ST-ZIP	West Palm Beach, FL 33416		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Hershfield, Larry		
2.3 STREET ADDRESS	426 Claremore Drive		
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Bennett, William W.		
3.3 STREET ADDRESS	1126 53rd Court		
3.4 CITY-ST-ZIP	West Palm Beach, FL 33407		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>David Luhrsens</i> 3/11/97 561-803-2452			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)