

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700095** (3)  
1. Corporation Name  
**WEST PALM BEACH ROTARY CLUB STUDENT AID FUND, IN C.**

Principal Place of Business <b>901 NORTHPOINT PARKWAY STE 102 WEST PALM BEACH FL 33407 US</b>	Mailing Address <b>901 NORTHPOINT PKWY STE 102 WEST PALM BEACH FL 33407 US</b>
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2. Principal Place of Business <b>21 c/o Bush &amp; Assoc.</b> Suite, Apt. #, etc. <b>22 1001 Alternate A1A</b> City & State <b>23 Jupiter, FL 33477</b> Zip Country <b>24 33477 25</b>	2a. Mailing Address <b>26 c/o Bush &amp; Assoc.</b> Suite, Apt. #, etc. <b>27 P.O. Box 9385</b> City & State <b>28 West Palm Beach, FL</b> Zip Country <b>29 33419 30 USA</b>
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3. Date Incorporated or Qualified <b>10/29/1859</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1002972</b>	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>81 Name Kathleen Bush Chismark</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1001 Alternate A1A</b> <b>83 Jupiter FL 33477</b> <b>84 City FL 85 Zip Code</b>
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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 *Kathleen Bush Chismark* DATE 3/28/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P LUHRSEN, DAVID</b>
STREET ADDRESS	<b>901 S FLAGLER DR</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HARSHFIELD, LARRY</b>
STREET ADDRESS	<b>428 CLAREMORE DR</b>
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BENNETT, WILLIAM W.</b>
STREET ADDRESS	<b>1126 53RD CT</b>
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D DUFFY, LAWRENCE</b>
STREET ADDRESS	<b>810 S PALM WAY</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D NASON, NATHAN E</b>
STREET ADDRESS	<b>11639 HACKBERRY LN.</b>
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>ES CHISMARK, GEORGE E. J</b>
STREET ADDRESS	<b>901 NORTHPOINT PKWY #102</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Kathleen Bush Chismark</b>
6.3 STREET ADDRESS	<b>1001 Alternate A1A</b>
6.4 CITY-ST-ZIP	<b>Jupiter Fl 33477</b>

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 amendment with an address.

SIGNATURE: *David A. Luhrsen* DATE 3/17/98 561-803-2452

CR2E037 (10/97)